

**MEMORANDUM**

April 25, 2023

TO: Health and Human Services Committee

FROM: Tara Clemons Johnson, Legislative Analyst  
Essie McGuire, Legislative Analyst

SUBJECT: FY24 Operating Budget, Department of Health and Human Services

PURPOSE: Worksession, recommendations and votes expected

**Expected Attendees:**

Dr. James Bridgers, Acting Director, Department of Health and Human Services (DHHS)  
Dr. Christopher Rogers, Acting Chief, Public Health Services  
Jason Rundell, Acting Chief Operating Officer, DHHS  
Deborah Lambert, Office of Management and Budget

This is the HHS Committee's third worksession to review the FY24 DHHS Operating Budget. This packet will review Public Health Services and the Office of Community Affairs. The Committee will meet again on May 4th for any remaining follow up items and to review the reconciliation list recommendations before referring to Council.

**PUBLIC HEALTH SERVICES (PHS):**

	<b>FY23 Approved</b>	<b>FY24 Rec</b>	<b>Difference</b>
Public Health	\$94,468,891	\$107,826,046	\$13,357,155
FTEs	571	585	14

The Executive is recommending an additional **\$13,357,155** for the FY24 Public Health Services budget. The Executive's FY24 recommendation includes the following increases:

- \$4,781,300 in one-time funding for COVID Response Readiness
- \$2,000,000 for an increase to the Montgomery Cares Clinic Reimbursement Rate
- \$711,891 for the Mobile Health Clinic (funds shifting from ARPA to General)
- \$181,982 to transition 9 Dental Hygienist and Assistants to merit positions



- \$62,665 for an additional Environmental Health Plan Review Specialist to Assist with Reviews
- \$50,000 for the Charles Koiner Conservancy for Urban Farming
- \$24,000 in one-time funding to Support Nourishing Bethesda's
- The \$6,150,000 budget for the Food Staples Program is included in the Public Health Services. This item was discussed during the April 17<sup>th</sup> budget worksession. The Committee agreed to designate \$3,150,000 as high priority and \$3,000,000 as priority.
- Non-County Grant funds for PHS include the following:
  - Re-align: Implement Ending the HIV Epidemic Grant \$598,985 – 1 FTE
  - Re-align: Ending the HIV Epidemic in STD clinics \$450,000 - .65 FTE
  - Strengthen Local Health Department Infrastructure Grant, \$194,504

CE Recommended Changes: Public Health Services

Item	Recommended Increase (Decrease)	FTE	One-time only?	Notes
<b>TIER I: HIGH PRIORITY</b>				
COVID Response Readiness	\$2,300,000		Y	Rapid testing (partial) and vaccination
MCares Clinic Reimbursement Rate	\$2,000,000		N	
Convert Contract Staff to Merit	\$181,982	9	N	Dental Services
Environ. Health Plan Review Specialist	\$62,665	1	N	License & Regulatory
Staff for TB Monitoring	\$44,742	1	N	MDH Requirement
Rate Increase – Behavioral Health	\$30,000		N	Psychiatric Consultation
Nourishing Bethesda	\$24,000		Y	
<b>Net Total</b>	<b>\$4,643,389</b>	11		
<b>TIER II: PRIORITY</b>				
COVID Response Readiness	\$1,981,730		Y	Rapid testing (partial) and Wastewater Surveillance
Charles Koiner Conservancy for Urban Farming	\$50,000		N	
Mobile Health Clinic –half year funding	\$361,890		N	Shift from ARPA to General – 5 FTE
<b>Net total</b>	<b>\$2,393,620</b>			
<b>REDUCTIONS</b>				



Mobile Health Clinic—half year funding	(\$350,000)		N	Council staff recommendation
Remove One-time FY23 Manna Food Center funding	(\$300,000)			CE rec; Manna has requested restoration
<b>Net total</b>	<b>(\$650,000)</b>			

#### Description of Program Areas

	FY24 Rec	FY24 FTEs
<b>Administrative – Public Health</b> Provides leadership and direction for administration of Public Health Services. Includes health planning and epidemiology and Community Health Improvement Process (Healthy Montgomery), oversight for medical clinical volunteers, special projects, Commission on Health, contracts, grants, and partnerships.	\$8,961,386	13.0
<b>Cancer &amp; Tobacco Prevention</b> Tobacco Use Prevention and Cessation Program and Cancer Prevention, Education, Screening, and Treatment Program that are funded with the State Cigarette Restitution Fund. Programs work collaboratively with community organizations, hospitals, and other public health partners.	\$1,191,767	5.0
<b>Communicable Disease &amp; Epidemiology</b> Responsible for investigations, management and control of the spread of over 65 infectious diseases as specified in Maryland law and emerging pathogens. Surveillance efforts in collaboration with State agencies. Educational programs provided to groups of people at risk for infectious disease. Vital records administration. Immunization, outreach and education to residents, private medical providers, schools, childcare providers, and community groups.	\$16,064,932	87.8
<b>Community Health Services</b> Provides preventative health access to uninsured and underinsured populations. Includes women’s health services, maternity services, immunization clinics, STD services, and other care coordination.	\$9,889,302	64.25
<b>Dental Services</b> Dental services to promote oral health provided at 5 dental clinics. Services are provided to income-eligible County children, pregnant women, adults, and seniors.	\$4,079,138	26.0
<b>Health Care for the Uninsured</b> Includes Montgomery Cares, Care for Kids, Maternity Partnership, and Healthcare for the Homeless, programs that provide care for low-income uninsured child and adult residents. Coordinate specialty diagnostic, medical, and surgical treatment for this population.	\$17,303,447	4.0
<b>Health Planning and Epidemiology</b>	\$779,706	4.0



Responsible for planning and analytic epidemiology within HHS including the community health needs assessment, program evaluations, disease surveillance, health statistics, maintain population health data and special research projects		
<b>Licensure and Regulatory</b> Issues permits and inspects activities to protect public health and ensure sanitation standards and compliance with laws and regulations. Includes inspections of food service, group homes, hotels, swimming pools and other various business licenses. Enforces vermin control ordinance and smoking restrictions.	\$5,033,574	40.0
<b>Public Health Emergency Preparedness&amp; Response</b> Responsible for the planning, readiness, and response activities of a public health emergency. Coordinates with the County emergency response departments and other County, State, Federal, and regional agencies.	\$6,078,276	7.8
<b>School Health Services</b> Provides health services to students in Montgomery County Public Schools including first aid, emergency care, health appraisal, medication and treatment administration, referrals for medical and behavioral health problems, case management for students with acute and chronic conditions and for pregnant and parenting teens. Lead certification screening, immunizations, and TB screenings. School-based Health Centers and High School Wellness programs. Services to Head Start.	\$38,444,518	333.37

**A. PHS Vacancies**

As of March 2023, Public Health Services has 22 vacancies totaling \$2.6 million (vacancies for School Health are not included). The details are included in the following bullets:

- 8 of the 22 positions has been vacant for more than one year. The 8 position types include 1 Nurse Practitioner, 2 community health nurses, 3 community service aids, 1 MLS manager and 1 program manager. Two of the CSA positions have been vacant for 4 plus years.

**Administrative – Public Health**

**B. COVID Response Readiness: \$4,781,300**

**Summary**

- For FY24, the Executive recommends \$4,781,300 in one-time funding to support COVID response with General Funds.

During the pandemic, the County's COVID Response has been supported through a combination of CARES, ARPA and County general funds. The funding was utilized to support vaccines, testing – PCR and Rapid, medical staffing and coordination of services with non-profit partners.



DHHS shared that the majority of the FY24 requested funds will be used to augment identification of symptomatic and exposed individuals through rapid testing and increased access to COVID-19 booster shots. With regards to outbreaks, from mid-November to the end of February of this past winter, Montgomery County has seen at least 50% of its Nursing Homes and large Assisted Living Facilities in ongoing outbreak status. While grant funding is the primary source of augmenting the outbreak response in these facilities, increased efforts from County and grant funds can help improve practices that reduce other dangerous disease transmissions as well.

#### FY24 Requested Budget Details

- Testing:
  - Rapid Test Kits \$3,981,300
    - Public distribution during higher transmission months (12 weeks)
    - Distribution through safety net providers (12 months)
    - Testing at congregate settings:
      - DOCR (12 months)
      - County Shelters (12 months)
      - PCR Testing (backup testing for high risk settings)
- Vaccinations (\$300,000)
  - Seasonal COVID-19 Booster Campaign targeting improved access to vaccines for all populations
- Outbreak / Disease Control: (Currently covered under ELC Grant)
- Surveillance (\$430,000)
  - Wastewater surveillance
  - Population-based tracking of disease

As the County begins to transition into this ongoing phase of COVID response it may be helpful to discuss what efforts should be prioritized at this time.

- **Rapid testing:** Will the full \$3.9 million be needed at the beginning of the fiscal year? Would a lower amount (\$2 million) be sufficient to start the year with the understanding that if conditions change a supplemental appropriation could be approved to ensure continuity of services.
- **Surveillance:** What is the role of wastewater surveillance at this stage of the COVID-19 experience?

**Council staff recommendation:** Place \$2 million of the testing funds and the \$300,000 to support vaccinations on the reconciliation list as high priority (total of \$2.3 million); place the remaining testing funds and the wastewater surveillance funding (total of \$1.98 million) on the reconciliation list as priority funding. Request a mid-year update on COVID experience and response needs.

#### C. Mobile Health Clinic: \$711,891

The purpose of the Mobile Health Clinic (MHC) is to provide increased access to health and human services; help alleviate health disparities and improve health outcomes in hard-to-reach vulnerable populations and communities throughout Montgomery County. Council staff understands that this program is not yet implemented.



The expected outcomes of implementing the MHC program will be to:

- Increase access to care and health equity by taking services to community residents where they live and work, to overcome barriers related to transportation, awareness, physical mobility etc.
- Decrease the spread of disease in the community and improve the health of community residents by providing:
  - Immunizations: COVID-19, Flu, TB, School Health, etc.
  - Testing: COVID-19, TB, HIV/STD, etc.
  - Preventive Screenings & Referrals: Oral Health, physical health and mental health.
  - Exams and Treatment: Maternal Health, HIV/STD, etc.
  - Assistance in accessing Human Services available through DHHS (shelter, rental assistance, State and Federal Benefits)
  - Health Education and Health Fairs on a range of health topics.
  - Mental and behavioral health counseling

The Mobile Health Clinic operating hours are still being finalized. However, the plan is that the Mobile Health Clinic will be available based on community need between the hours of 8am to 8pm depending on the time of the year.

In FY23 this initiative was funded through ARPA; however, the funds were not spent due to supply chain delays to program implementation. The Executive's FY24 recommendation replaces the ARPA funds with County funds; however, Council staff's understanding is that the program is still not ready for full implementation. It is not clear how soon the mobile unit can be purchased, staff hired, and the program fully implemented.

**Council staff recommendation:** Council staff recommends reducing the funding by 50%, to assume that the program can be functional in January for half year implementation. This would place \$361,890 on the reconciliation list as priority, and take \$350,000 as a reduction.

D. Charles Koiner Conservancy for Urban Farming: \$50,000

- The FY24 recommended budget includes **\$50,000** for Urban Farming

DHHS shared that the \$50,000 will be used to establish and maintain a community-led urban farm in Wheaton, MD to grow food for hyper-local distribution (including donation to nonprofit food distribution partners) using sustainable agriculture practices. In addition, the program will engage the community in education and volunteerism and preparing younger generations to successfully meet the challenges of a future impacted by climate change.

The funding will cover partial staffing expenses for a Program Manager, Outreach Coordinator, and farm manager. Expectations are that between Spring to Fall of 2023, an environmental analysis will be conducted, a site will be identified and secured via lease; community outreach and partnerships will be implemented including educational programming for schools and the infrastructure of the site will be developed. Preparations for Spring planting and recruitment of volunteers will happen during Winter 2023/24, and the farm will begin operations by Spring 2024.



**Council staff recommendation:** Place this \$50,000 increase on the reconciliation list as priority.

- E. Shift: Remove 300,000 of One-Time FY23 Funds to Recognize the Manna Food Center's Reduced Participation in Community Service Hubs from Pandemic Levels [Admin - Public Health]

In FY23, the Council added funding (\$575,000) for Manna Food Center to support operations and infrastructure. DHHS states that this \$300,000 was understood to be one time funding related to Manna's interim support of the Food Staples program; because that interim support is not anticipated to continue into FY24, DHHS removed the funding. Manna Food Center has requested restoration of the \$300,000.

### **Communicable Disease & Epidemiology**

- F. Tuberculosis (TB) Program: \$44,742

- The FY24 recommended budget includes \$44,742 adding 1 FTE to support the Tuberculosis monitoring program

The County's TB program provides information, screening and assistance to residents who have been exposed to or have questions or concerns about TB. Program components include:

- Control and Prevention
- Medical and Nurse case management
- Screening, diagnosis, treatment of tuberculosis disease and infection
- Directly Observed Therapy (DOT) and Video Directly Observed Therapy (vDOT)
- Reporting
- Collaboration (internal, interagency, interjurisdictional, international, research participation)
- Screening services at Montgomery County Correctional Facility (MCCF) and School Health Services (SHS) (referrals from shelters, housing, Adult and Child Protective services)

Attached at © 9-11 is an excerpt from CDE's Feb 2023 presentation including the services provided through the TB program in Montgomery County. TB rates have been steadily declining since 2016. The report notes that the Dennis Avenue clinic has had over 8,000 visits (screenings, diagnosis and treatment) and they have completed 1,539 screenings at MCCF and 1,427 screenings with SHS.

DHHS shared that latent TB (TB infection) is now reportable, which requires that related data must be provided to MDH and the CDC electronically. The TB Program team is responsible for entering TB infection data for the TB Clinic, School Health Services and the Correctional facility. Additionally, MDH requires that information about contacts of active infectious TB cases need to be entered into the electronic reporting system for submission to MDH and the CDC. Data entered includes demographic, diagnostic, treatment and other information for each client and contact.



This position will assist with entering data for reporting to the CDC and MDH as per COMAR and MDH requirements in a timely manner. The FY24 recommended amount includes 6 months lapse.

**Council staff recommendation:** Place the new 1.0 FTE \$44,742 as recommended by the County Executive on the reconciliation list as a high priority.

### **Licensure and Regulatory Services**

#### **G. Environmental Health Plan Review Specialist: \$62,665**

The FY24 recommended budget includes \$62,665 adding 1 fte to support inspections and reviews.

Position will be responsible for performing plan review on all new food service facilities and all pool plan review. Position will also be responsible for working with the Department of Permitting Services for retrieving and approval of their electronic plan submittal and the City of Rockville new electronic plan platform as well as communication with the City of Gaithersburg.

Prior to 2015, all Environmental Health Specialists performed plan review in their respected areas. This led to inconsistencies and litigation liabilities for compliance with state plan review mandates and statute to review detailed integral plans. Additionally, the evolution in food processes has increased the review time and a level of expertise in detailed review not all Environmental Health staff were trained or had the expertise.

Changes to State mandated inspections and the adoption of local laws (trans fat, nutritional labeling, allergen awareness training, healthy kid's meals, gender inclusive restrooms) has also added an average of 30 minutes to the inspection, exacerbating a reduction in the number of routine health inspections completed. This led to an increased inability to meet state mandated inspections. It also reduced quality of inspection activity and documentation as reflected in State review, reduced responsiveness to community and customer expectations, and decreasing morale and dissatisfaction with division operations. The Department of Permitting Services has a plan review section within each of their offices, this position will mirror their organization.

This Environmental Health Specialist is needed so that L&R can come closer to fulfilling the state mandated inspection requirement, reduce the risk of food borne outbreaks in restaurants operating with critical violations, and respond in a timely manner to customer complaints and requests for plans reviewed.

**Council staff recommendation:** Place the new 1.0 FTE \$62,665 as recommended by the County Executive on the reconciliation list as a high priority.

### **Health Care for the Uninsured**

The HHS Committee held an in depth briefing and discussion of all the Health Care for the Uninsured programs on March 2, 2023; the full packet for that discussion including program background can be found at the following link:



The County Executive's recommended FY24 budget includes increases to the Montgomery Cares program and the County Dental program and level funding for the other programs in this area including: Care for Kids; the Maternity Partnership Program; and Healthcare for the Homeless.

The Montgomery Cares Advisory Board, Health Centers Leadership Council, and Primary Care Coalition ("the Troika") have also presented a request for **\$9 million** in enhancements to these programs. Council staff asked the Troika if they would provide a prioritized set of recommendations. The full request is attached at ©12-42. The prioritized list is attached at ©26.

#### H. Montgomery Cares: \$2,000,000

##### Summary

- For FY24, the County Executive is recommending a \$2,000,000 increase in the reimbursement rate; however, his recommendation does not resolve the question of transition from block payments to fee-for-service reimbursements.

#### ***Primary Care Reimbursement***

The Executive is recommending increased funding of \$2,000,000 for the primary care reimbursement rate. The clinics have shared that their true cost of a primary care visit is about \$175 - \$250 per visit. The clinics have used county funds to leverage other funding sources to cover the full cost. Clinics are allowed to charge a maximum co-pay of \$35 for patients whose income is 100% of Federal Poverty Level (FPL) or less. Most clinics do not charge the maximum.

The program is currently funded at \$76.50 per visit and 72,000 encounters, a total of \$5,508,000 for primary care visit reimbursement. The reimbursement rate history for the program is below:

<b>Montgomery Cares Reimbursement History</b>				
<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>	<b>FY20 to Current</b>
\$67	\$71	\$73	\$74.50	\$76.50

Support for an increased reimbursement rate is a top priority for the MCAB/Troika. They have requested a reimbursement rate of \$175, 70% of the average actual cost of care. They stated that "if a rate cannot be implemented in FY24, they support adopting a rate of \$130-\$150 per encounter this year and ramp up to \$175 the following year."

Council staff outlines the following options for consideration for FY24 rate increases:

- Option 1 (CE Recommendation): \$2 million: Rate increase from \$76.50 to **\$102.15 and 72,000 encounters**
- Option 2: A rate of \$130 per encounter and 72,000 encounters would be a total increase of **\$4,170,946**, or an additional **\$2,170,942** needed above the CEs recommended increase. *(If approved by the Committee, this option suggested increase includes funding for indirect rates for administration of the program.)*



- Option 4: if the committee would like to recommend a different increased rate above the current \$76.50, Council staff can provide the calculations as a follow-up.

**Payment structure:** During the pandemic, the block payment structure was a change in payment methodology due to COVID-19; the Executive and Council agreed that this structure was needed to support clinics during the COVID emergency. The block payment rate structure that is still in place was established based on utilization immediately prior to COVID-19 in 2019.

**Council staff recommendation:**

- Option 1 – support the CE recommendation of adding \$2 million to the primary care reimbursement rate, changing the rate from \$76.50 to \$102.15. Place this amount on the reconciliation list as a high priority.
- Based on the recommendation of the per encounter rate increases from the Troika and MCAB, Council staff recommends that the program return back to fee-for-service reimbursement, allowing time (e.g. October 1, 2023) for the clinics to transition. If the Department would like to continue a block payment, a new block payment methodology should be presented to the Council by September 2023. Council staff expects that DHHS will work with stakeholders to finalize the FY24 methodology.

**Montgomery Cares Behavioral Health**

- For FY24, the County Executive is recommending a \$30,000 increase for the behavioral health - psychiatric services

This increase is to compensate for the rate increase from Georgetown University (the current provider) in order to maintain the availability of the current number of hours of consultation services.

**Council staff recommends supporting the Executives recommendation** and placing \$30,000 on the reconciliation list as high priority.

**I. County Dental**

- The FY24 recommendation for County Dental is to transition 9 FTE from contract to merit positions, a net increase of \$181,982. The 9 positions include Dental Hygienists and Dental Assistants.

The goal of the Dental program is to prevent oral disease and trauma, to promote healthy dental behaviors, and to improve access to related treatment resources in the community. Services are provided to low income and uninsured/underinsured Montgomery County residents. Dental services are provided at five locations throughout the County.

**County Dental Utilization**

	FY18	FY19	FY20*	FY21	FY22	FY23 through FEB
# patients	6,862	6,080	4,886	3,135	4,663	3,763
# patient visits	13,637	11,488	8,436	5,996	10,731	6,945

\*All Dental clinics were closed except for emergency in Q3 (last two weeks) and Q4



Converting nine current contract positions to County merit positions, will ensure Dental Services' ability to timely respond to the dental needs of residents including children, adults, seniors and maternity patients. Merit employment will allow the assignment of staff to priority areas as needed, and it will support a balance in management and supervision which will help to improve workflow and coordination among the staff. Overall, the transition to merit staff will help improve the efficiency, accountability, and effectiveness of County Dental services.

**Council staff recommendation:** Place the \$181,982 increase as recommended by the County Executive on the reconciliation list as high priority.

J. Care for Kids

- The County Executive recommended level funding for the FY24 Care for Kids (CRK) program.
- FY24 funding is included in the Newcomers budget to support 2 Community Health Workers working on-site at Rocking Horse International Admissions and Enrollment Center to enroll children in the Care For Kids program.
- The MCAB/Troika has requested **\$100,682** to support medical services to meet needs of growing enrolled population and provide fair market reimbursement for providers. This recommendation would provide an increased reimbursement for CFK providers. The detail information is a ©27-28.

The Care for Kids program ensures that children living in Montgomery County have access to primary and specialty health care services. This program serves children who do not qualify for the Maryland Children's Health Program (MCHIP) or Medical Assistance and whose families have incomes under 250% of the Federal Poverty Level. Medical services are provided through a network of community and private providers, School Based Health Centers, Kaiser Permanente, and the County Dental Clinic. The following table shows the continued demand for this program. Care for Kids leverages over \$1 million in pro-bono primary care through its partnerships with Kaiser and independent practices.

CFK Enrollment (Unduplicated patients served)

<b>FY18</b>	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23 July–Mar '23</b>
5,531	5,580	6,230	6,439	7,903	7,854

The Troika notes that increases in enrollment is putting pressure on the service network. The proportion of children enrolled in Kaiser and School Based Health has shrunk compared to the number enrolled with contracted providers. The requested \$100,682 would be a 20% increase to the CFK fee schedule. A detail of the increased rates is below:



Using average cost through all acute CPT codes rates – Projection using FY18 through FY20 (pandemic years excluded from forecast)

CPT Codes	Current rate	20% Increase	FY24 Encounters (Projected)	Cost w/ 20% Increase	Cost with current rate	Difference
99201-99205	\$70.00	\$84.00	482	\$40,516.00	\$33,763.33	\$6,752.67
99211-99215	\$60.00	\$72.00	3270	\$235,416.00	\$196,180.00	\$39,236.00
99381-99385	\$80.00	\$96.00	2018	\$193,696.00	\$161,413.33	\$32,282.67
99391-99395	\$70.00	\$84.00	898	\$75,460.00	\$62,883.33	\$12,576.67
99354	\$106.79	\$128.15	100	\$12,814.80	\$10,679.00	\$2,135.80
				Total		\$92,983.80
				(8.28% Indirect Expense)		\$7,699.06
					Total	\$100,682.86

The requested increase in the fee schedule is due to the rising costs of the delivery of medical care and operations over the years since the rates were established. The CFK fee schedule for reimbursing contracted providers has not increased in over a decade. In order to retain providers seeing vulnerable children in the County, especially for the newly arriving children and families. Specific examples of cost pressures this year for the program and CFK providers is staffing challenges, closure of a CFK provider clinic and increased enrollment (which did not reduce during COVID-19).

**Council staff recommendation:** Council staff supports the MCAB/Troika request for additional funding to increase reimbursement rates for these providers. Council staff recommends that \$100,682 be placed on the reconciliation list as high priority to support the primary care services within Care for Kids

#### ***Additional MCAB and Troika requests***

The MCAB and Troika advocates and providers have requested significant additional program funds as well as policy changes to the program's approach in a number of areas. Council staff appreciates the thoughtful and innovative approach taken to envisioning future steps for these programs.

The major effort to provide these safety net health services has continued through many changes in the health care environment, including passage of the Affordable Care Act and most recently the COVID-19 pandemic. These changed and evolving conditions have resulted in a need to evaluate the reimbursement and other operational structures of the Health Care for the Uninsured programs.

Discussions around the need to re-envision and restructure aspects of the programs for uninsured individuals in Montgomery County have extended over several years and are continuing. At this juncture, Council staff recommends that the FY24 funding focus on increasing reimbursement rates as a first priority. Council staff recommends that other steps, such as those outlined in the advocacy request, be taken up over the coming year in the context of larger decisions that need to be worked through regarding eligibility and other operational issues.

Council staff anticipates that some of the key outstanding decisions include: appropriate reimbursement rates and methodology for rate setting across programs; and how to administer eligibility review processes to ensure residents are connected with all available services. The



Committee will need to plan with the Executive branch how these and other operational issues will be strategically resolved over the course of FY24; and how the concerns of the advocate partners align or integrate with the re-envisioned program structure.

K. **Strengthen Local Health Department Infrastructure Grant, \$194,504**

This MDH grant is funded using federal funds supported by American Rescue Plan's Coronavirus State and Local Fiscal Recovery Funds. It is to provide support to State, territorial, local, and Tribal governments in responding to the economic and public health impacts of COVID-19 and in their efforts to contain impacts on their communities, residents, and business. It can be used for facility improvement, personnel recruitment for key admin functions, and investment in LHD workforce. **It cannot be used to provide direct services to residents.**



## OFFICE OF COMMUNITY AFFAIRS (OCA)

### CE Recommended Changes: Office of Community Affairs

Item	Recommended Increase (Decrease)	FTE	One-time only?	Notes
<b>TIER I: HIGH PRIORITY</b>				
Asian American Health Initiative	\$775,000		N	
Latino Health Initiative	\$952,545		N	
African American Health Program	\$800,000		N	
<b>Net Total</b>	<b>\$2,527,545</b>			

This section of the packet will review the Minority Health Initiatives and Programs, which are housed within the Office of Community Affairs.

#### A. Asian American Health Initiative (AAHI)

- For FY24, the County Executive is recommending a **\$775,000** increase for the AAHI to fund the Healthy Communities Fund grant and the Asian American Center of Excellence Micro-Grants. Details of the funding are in the following chart.

	Budget
Increase in Healthy Communities Fund grants	\$670,000
Increase in Asian American Center of Excellence micro-grants	\$30,000
Administrative cost associated with grants increase	\$75,000
<b>TOTAL</b>	<b>\$775,000</b>

#### *Healthy Communities Fund: \$670,000*

The Healthy Communities Fund is a grant funding opportunity for Asian American and Pacific Islander (AAPI) community-based and faith-based organizations (CBOs and FBOs) to provide health and social support, behavioral health, and senior wellness services to the County's AAPI residents. This is the second year that AAHI has been able to offer grant funding to Asian American community- and faith-based organizations. The request from the AAHI Steering committee is available at ©46-47.

- In FY2022, AAHI was able to provide \$1M in grant funding to 11 nonprofits and community- and faith-based organizations to provide COVID-19 relief services. This resulted in programs and services that served 92,824 clients.
- In FY23, AAHI budget was increased by \$1,210,263. AAHI awarded \$830,000 in funding to 10 CBOs and FBOs. activities in the Asian American communities through the Healthy Communities Fund.



- The FY24 recommended amount will increase the Healthy Communities fund from \$830,000 to \$1.5 million. The grants are expected to serve 2,500 unduplicated individuals and 35,000 duplicated individuals

Funding categories for the grants include health & social support services, behavioral health, and senior wellness. Examples of projects/activities that were funded included: Mental health screenings, chronic care management for older adults, youth mental health first aid trainings, senior wellness clubs, Family caregiver trainings, Senior wellness clubs and hot meals for vulnerable populations including recent refugees. The target population for the grants are Asian Americans in Montgomery County.

*Asian American Center of Excellence Micro-Grants (AACE): \$30,000*

The goal of the AACE is to support AAPI-serving community organizations in developing and increasing their capacity to successfully provide health, wellness, and social support programs and services. The AACE is a resource to Asian American community organizations to improve technical skills related to organizational sustainability, such as data collection and analysis, evaluation, program panning, and partnership building, among others. One of the services offered through AACE is micro-grants to AAPI-serving organizations to build organizational capacity.

In FY23, AAHI provided micro grants to 10 organizations totaling \$71,000 in micro-grant funding for the purchase of equipment, professional development, and consultants. Due to the limited funding available, AAHI was only able to fund a portion of the requests. In total, AAHI received 17 applications requesting over \$190,000 in funding.

For FY24, the AAHI would like to increase the micro-grant funding to \$100,000. Having strong non-profit partners that can reach the diverse AAPI communities, and can serve more isolated and marginalized members, is an asset to the County.

*AAHI Staff Support: \$75,000*

AAHI's current staffing structure for HCF and AACE includes a Program Manager and a Project Coordinator. To support the capacity building work, AAHI is requesting a new Program Manager I and a change to Program Specialist I position, focusing on Behavioral Health, be upgraded to a Program Specialist II. The new Program Manager I would be responsible for overseeing the AACE and all its activities including the AACE micro-grants.

**Council staff recommendation:** Approve the \$775,000 increase as recommended by the County Executive as a high priority on the reconciliation list.

- Staff notes that AAHI is exploring the grants being administered through the County's Office of Grants Management. There are logistical and personnel issues that need to be managed before transitioning the program.

**B. African American Health Program (AAHP)**

- For FY24, the County Executive is recommending a \$800,000 increase for AAHP starting a new program for Medication Therapy Management, expanded health



education/wellness and support for the Start More Infants Living Equally (SMILE) program. Details of the funding are in the following chart.

- The AAHP Steering Committee submitted a request to support the recommended increase. The detail information is available at ©48.

	Budget
Medication Therapy Management for Aging Residents	\$150,000
Health Education and Wellness	\$550,000
S.M.I.L.E. Program Support	\$100,000
<b>TOTAL</b>	<b>\$800,000</b>

*Medication Therapy Management: \$150,000*

AAHP proposes a program to address medication adherence and polypharmacy (use of multiple medicines) via medication therapy management (MTM) as well as cognitive decline among the aging and disabled populations. This service will equip caregivers to recognize early signs of Alzheimer’s and other memory loss conditions as well as educate them on ways to improve and maintain cognitive functioning.

AAHP will implement MTM through a series of “Brown bag sessions”. MTM has been shown to be effective for lowering systolic and diastolic blood pressure; lowering LDL cholesterol and other health indicators (e.g., glycosylated A1C, HbA1c); increasing patient knowledge; improving patient quality of life and medication adherence; and improving the safe and effective use of medications. The program would collaborate with local Black/African American Pharmacists to provide services.

AAHI is also proposing an aging summit and in-home based services. This will involve bone health education, and in-home health inspection (falls, rugs, railing, food insecurity, mobility challenges, etc.). This includes establishing an ambassador position to link the elderly and disabled to services, which allows them to remain safely in the home longer, avoiding long-term housing placements.

MTM Program	Budget
Summit	\$30,000
MTM Sessions	\$57,600
Ambassador Pilot	\$60,000
Equipment	\$1,500
Travel	\$600
Office Supplies	\$300
<b>Total</b>	<b>\$150,000</b>

*Health Education and Wellness: \$550,000*

For FY24, the AAHP program would like to focus on ensuring that Black residents learn coping and resilience skills to deal with isolation, and life’s stressors. The program is seeing increased drug usage, especially among the youth in the County. The following programs would be supported with the requested funding



- Real Conversation Series: The purpose is to continue the momentum of the Real Conversation Series, with its relaxed atmosphere, inspires conversations around tough health topics affecting the Black community. Participants are encouraged to connect to the various AAHP programs that address prevention
- Prevention and Health Education: AAHP proposes an annual allocation to increase awareness and access to health services as well as provide health education prevention awareness to improve Black health outcomes or reduce health disparities gaps. Specifically, AAHP would like to – 1) establish funding to support need based annual event to involve Black males with emphasis on ages 18-45, 2) create an Annual AAHP Integrative Health Event bringing County minority healthcare providers together from both conventional and alternative Medicine practitioners, and 3) institute partnership with institutions to address cognitive decline among the aging and disabled population and equip caregivers to recognize early signs of Alzheimer's and other memory loss conditions as well as education
- Minority Youth Health Professional Development: this program would support a Healthcare Professional Leadership program for middle through high school students. AAHP would do the following:
  - Select middle or high schools in a highly Black concentrated area as a pilot.
  - Recruit retired health professionals to serve as mentors to dedicate no less than 4 hours per month to offer professional development enrichment activities.
  - Strategize with community-based organizations who are or have a history of working with student populations to avoid duplication of services or to pull together resources aimed to encourage public health careers.
- Fentanyl/Opium Awareness Program: the program will focus on helping youth make better health choices around drug use, particularly fentanyl use. This will increase collaboration on health issues with parents, black community organization and other community stakeholders to understand the harmful effect of fentanyl, use of Narcan and living a drug free lifestyle. For serious drug addiction and mental health issues, clients will be referred to appropriate addiction and mental health agencies. The target 60 per month students per month. The funding will support a certified substance abuse counselor, 2 outreach staff, Narcan supplies and administrative needs.
- Call to Duty – Strengthening our Black Men and Women: Black men and women in Montgomery County rank amongst the poorest groups in the County. AAHP would like to provide navigation programs to help Black residents be more aware of the County and State's safety net programs, help them apply, and provide follow-up support

Health Education and Wellness	Budget
Real Conversation Series	\$100,000
Prevention and Health Education	\$64,000
Minority Youth Health Professional Development	\$50,000
Fentanyl/Opium Awareness Program	\$226,000
Call to Duty – Strengthening our Black Men and Women	\$110,000
<b>Total</b>	<b>\$550,000</b>

*S.M.I.L.E and Program Supports: \$100,000*



- AAHP is requesting increased resources for the SMILE program including additional breast pumps, cribs and car seats, program materials for clients and outreach and additional equipment and supplies
- The SMILE program seeks to decrease the high rate of Black infant mortality and improve the likelihood of good pregnancy outcomes among Black women in Montgomery County. Services include childbirth and breastfeeding education classes; case management of mothers and infants, including home visits and telephone consultations; ongoing breast-feeding support after delivery; support groups and networking opportunities.

**Council staff recommendation:** Approve the \$800,000 increase as recommended by the County Executive as a high priority on the reconciliation list.

C. Latino Health Initiative

- For FY24, the County Executive is recommending a \$952,545 increase for LHI to support the Encuentros.

	Cost
Encuentros (Mental Health Support):	\$832,545
Expanding Health Promoters Outreach Funding	\$150,000
<b>TOTAL</b>	<b>\$952,545</b>

The Latino Health Steering Committee is requesting funding to meet the ongoing community needs related to mental health and continued support for community engagement activities that build upon current program capacity. The request from the Steering Committee is available at ©56-59.

*Encuentros (Mental Health Support): \$832,545*

The “Encuentros” program provides non-clinical emotional support groups are highly effective in helping them to develop strategies to manage high levels of emotional distress. Participants with more complex needs are referred to licensed clinicians. The current demand for the program is high and it is currently at capacity. To help expand the capacity to meet this demand, in FY24, LHI proposes the following

- Increase the number of Encuentros groups from 64 to 100, this would increase the number of sessions provided from a current 384 to 600 sessions. It would also increase the number of residents served from 768 to 1,200, based on an estimated 12 participants per group
- Increase the number of trained Community Mental Health Workers from 40 to 50
- FY24 proposed budget: The expansion to 600 sessions would cost \$832,545, based on a per-session cost of \$1,387.58 x 6 sessions/group x 100 groups. The recommended funding both expands the number of sessions and increases the per session cost to cover cost increases. This total does not include the cost of the coaching sessions.



- The FY23 budget for “Encuentros” community mental health is \$467,811. This covers the cost of up-to 354 sessions with an approximately 590 participants. Each cohort of 10 participants meets for 6 sessions.

*Expanding Health Promoters Outreach: \$120,000*

The LHI Health Promoters community outreach program has recruited and trained 20 Spanish-speaking Health Promoters who have reached approximately 6,000 County residents per year. LHI recently received State of Maryland accreditation as a certified Community Health Worker training site. This accreditation will allow LHI to scale up the implementation of its expanded Health Promoters program and become a ‘School for Health Promoters’ where cohorts of Health Promoters can receive training and build skills to effectively reach residents and increase health outcomes for the entire community.

For FY23, the LHI’s expanded Health Promoters program will broaden its outreach and navigation by recruiting and training an additional 20 Health Promoters. A group of 5 Health Promoters will be assigned 4 days per week to conduct scaled-up information/education and navigation activities in the County. This expansion would cost \$120,000, reflecting an additional 1,040 outreach activities over 12-months reaching an estimated 15,000 additional community members in FY24.

*Transitioning contract staff to merit:* The Steering Committee also supports the CE recommendation to transition two contract positions to merit employees

**Council staff recommendation:** Approve the \$952,545 increase recommended by the County Executive as a high priority on the reconciliation list.

**Black Physicians Health Network (BPHN)**

- The County Executive recommended level funding for the BPHN of \$2,500,000 for FY24.
- The BPHN provider and community is requesting an additional \$1,000,000 to the budget, increasing the total amount to \$3.5 million for FY24. The BPHN request is detailed at ©60-70. The additional funding would support:
  - health and dental visits for uninsured Black residents who are pending health insurance coverage
  - emergency funds for Black insured residents who request support with a co-pay and/or high-cost deductible due to financial hardship and
  - emergency and tailored mental health appointments for Black residents who receive services from a Black mental health professional.

	FY23 total funding	FY24 Rec
BPHN Funding	\$2,500,000	\$2,500,000
Additional Funding for FY23	\$125,000	
<b>Total</b>	<b>\$2,625,000</b>	<b>\$2,500,000</b>



The Black Physicians & Healthcare Network (BPHN) started in FY21, initially supported by federal funds, to support COVID-19 testing, vaccinations, distribution of COVID-19 kits, resource navigation and health education for Black residents in the County. In January 2022, the model shifted from a COVID-19 focused priority to assisting Black residents with referrals, coordination and supports to Black primary care, dental and mental health providers who are culturally and linguistically competent in the County. The model also included payment of co-pays and fee for services by providing reimbursement to providers for services as needed to minimize the financial burden for Black residents.

With this model, the BPHN reports that 66% of the residents receiving services and supports through BPHN have private or public insurance; 34% of those BPHN serves are uninsured. BPHN is requesting to maintain the reimbursement model of medical services to help reduce the burden of co-pays, high deductibles and health care debt that interfere with residents scheduling and maintaining appointments.

Council staff appreciates that the BPHN model is innovative and has helped ease the financial burden for residents; however, Council staff notes that it is unusual for County funds to provide direct financial assistance, co-payments or cost-sharing, for residents with health care insurance. Staff also recognizes that the model is intended to support positive health outcomes for Black County residents who may face multiple challenges in affordable health care access and experience disparities in health outcomes.

Council staff supports the Executive's recommendation to maintain the same level of funding for the Black Physicians Health Network in FY24, and requests that DHHS work with BPHN advocates and leadership to determine a focused strategy for County funding around health disparities and outcomes, as well as a structured cost, reimbursement, or supplement model for leveraging County funds effectively.

**This report contains:**

FY24 County Executive recommended budget - PHS	©1-8
TB Program Information	©9-11
MCAB and Troika – FY24 Advocacy Request	© 12-42
FY24 County Executive recommended budget – OCA	© 43-45
Asian American Health Initiative Steering Committee – FY24 Request	© 46-47
African American Health Program Executive Committee	© 48-55
Latino Health Initiative Steering Committee – FY24 Advocacy	© 56-59
Black Physicians & HealthCare Network Advocacy Request	© 60-70






# Public Health Services

## RECOMMENDED FY24 BUDGET

\$107,826,046

## FULL TIME EQUIVALENTS

585.22

 JAMES BRIDGERS PH.D., MBA, ACTING DIRECTOR

## FUNCTION

The functions of the Public Health Services programs are to protect and promote the health and safety of County residents. This is accomplished by monitoring health status and implementing intervention strategies to contain or prevent disease (including bio-terrorism and emerging diseases); fostering public-private partnerships, which increase access to health services; developing and implementing programs and strategies to address health needs; providing individual and community level health education; evaluating the effectiveness of select programs and strategies; and licensing and inspecting facilities and institutions affecting public health and safety.

## PROGRAM CONTACTS

Contact James Bridgers Ph.D., MBA of the HHS - Public Health Services at 240.777.4253 or Grace Pedersen of the Office of Management and Budget at 240.773.1088 for more information regarding this department's operating budget.

## PROGRAM DESCRIPTIONS

### Admin - Public Health

This program provides leadership and direction for the administration of Public Health Services. Service area administration also includes Health Promotion and Prevention, the Community Health Improvement Process (Healthy Montgomery) and Special Projects, as well as oversight for medical clinical volunteers, the Commission on Health, contracts, grants, budget oversight, and partnership development.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>7,099,527</b>	<b>12.50</b>
Enhance: Continue the Food Staples Program as Needed in FY24	6,150,000	0.00
Replace: Funding for Mobile Health Clinic from ARPA to DHHS General Fund	711,891	5.00
Add: Charles Koiner Conservancy for Urban Farming	50,000	0.00
Add: One-Time Costs to Support Nourishing Bethesda's Longer Weekly Operational Hours and Enhanced Food Distribution Capabilities	24,000	0.00
Shift: Remove One-Time FY23 Funds to Recognize the Manna Food Center's Reduced Participation in Community Service Hubs from Pandemic Levels	(300,000)	0.00
Re-align: Mobile Health Clinic (ARPA) to DHHS General Fund	(500,000)	(5.00)



FY24 Recommended Changes	Expenditures	FTEs
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(4,274,032)	0.50
<b>FY24 Recommended</b>	<b>8,961,386</b>	<b>13.00</b>

## Cancer & Tobacco Prevention

The Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening, and Treatment Program are two programs funded through the State Cigarette Restitution Fund. State funding supports coordination activities among community groups for outreach, screenings, education, and treatment. Each program has established coalitions consisting of public health partners, community-based organizations, hospitals, and other existing resources that work collaboratively to implement either tobacco-control programs or the statewide goal of early detection and elimination of cancer disparities.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Total number of new and repeat clients who undergo colonoscopies (CRF-Funded)	55	172	220	220	220
Total number of people encountered at outreach events <sup>1</sup>	1,460	1,645	1,300	1,300	1,300
Number of participants in smoking cessation program	424	596	450	450	450
Percent of new clients who undergo colonoscopies	20%	75%	75%	75%	75%
Percent of clients reached who completed smoking cessation program	28%	43%	35%	35%	35%

<sup>1</sup> Due to COVID restrictions, community outreach events were cancelled limiting our ability for expanded outreach. This will start to recover once the pandemic stabilizes and people feel more comfortable attending in-person outreach events.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>1,167,887</b>	<b>5.30</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	23,880	(0.30)
<b>FY24 Recommended</b>	<b>1,191,767</b>	<b>5.00</b>

## Communicable Disease & Epidemiology

Communicable Disease and Epidemiology has the mission of investigation, surveillance, diagnosis, and in some cases, treatment of individuals living in Montgomery County. Tuberculosis Control and Sexually Transmitted Infections programs will test, diagnose, and treat. HIV Medical and Dental Services will case manage and provide medical care for individuals who are HIV+ and have limited insurance coverage. The Maryland Department of Health mandates that each county does surveillance of certain communicable diseases. The Disease Control Program case manages rabies exposures in Montgomery County residents.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of rabies investigations that occur in Montgomery County monthly by Disease Control Program	923	693	600	600	600
Percent of babies born to Hepatitis B infected mothers who complete the recommended protocol	80%	99%	99%	99%	99%
Percent of contacts of smear positive clients diagnosed with latent TB who start preventative treatment	90%	98%	90%	90%	90%
Percent of customers satisfied with STD Services <sup>1</sup>	N/A	N/A	95%	95%	95%

<sup>1</sup> No data were collected during FY21-FY22. Survey will be reinstated in FY23. Target baselines may be reestablished after first year of data collection.



FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>15,435,821</b>	<b>83.80</b>
Re-align: Implement Ending the HIV Epidemic Grant	598,985	1.00
Re-align: Ending the HIV Epidemic in STD Clinics	450,000	0.65
Add: Staff for Tuberculosis Monitoring, per Maryland Department of Health Requirement	44,742	1.00
Re-align: HIV Positive Women Grant	(126,538)	(0.65)
Re-align: Ryan White Part A Charges for Services	(462,574)	(1.50)
Re-align: CDC Ending the HIV Epidemic Grant	(653,438)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	777,934	3.50
<b>FY24 Recommended</b>	<b>16,064,932</b>	<b>87.80</b>

## Community Health Services

Maternal and Child Health Services provides preventive health access services to uninsured and underinsured populations. Services include Women Health Services, Maternity Partnership Program, nurse case management, and home visits to targeted populations such as pregnant women, pregnant and parenting teens, children up to one year of age, and at-risk infants. Other services include staffing support for immunization clinics, STD services, pregnancy testing in regional health centers, and care coordination services for women and children in the Medical Assistance-managed care program. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases).

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of pregnant women screened and enrolled in a Managed Care Organization (MCO) for prenatal services <sup>1</sup>	1,808	1,197	2,500	2,500	2,500
Percent of repeat Maternity Partnership patients who do not delay subsequent pregnancy by 18 months or more (Close Child Spacing) <sup>2</sup>	N/A	2%	5%	5%	5%
Percent of healthy birth weight babies (greater than or equal to 2,500 grams) born to pregnant women in the Maternity Partnership Program	96%	98%	96%	96%	96%
Percent of Infant at Risk referrals that receive a contact by the Area Health Center staff within 10 days <sup>3</sup>	96%	77%	95%	95%	95%

<sup>1</sup> The FY22 number was lower because of the State data breach and, thus, the State could not make the usual volume of referrals to the program. Referral volume should return to normal in FY23.

<sup>2</sup> Due to changes in procedures due to COVID, data was unable to be collected during FY21.

<sup>3</sup> The program aims for a 90% contact rate as the service standard, which is used to set the projections.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>9,238,647</b>	<b>63.45</b>
Eliminate: Early Detect and Control Breast and Cervical Cancer	(350,987)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,001,642	0.80
<b>FY24 Recommended</b>	<b>9,889,302</b>	<b>64.25</b>

## Dental Services

This program provides dental services in five clinics to promote oral health. Services include instruction in preventive health practices, primary assessments, targeted dental services, and emergency services. Services are provided to income-eligible Montgomery County children, pregnant women, adults, and seniors.



Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of pediatric dental referrals to outside pediatric specialist <sup>1</sup>	137	25	50	50	50
Percent of appointments that are missed/cancelled	11%	23%	30%	30%	30%
Dental Services - Percent of children that complete their dental treatment plan <sup>2</sup>	16%	30%	30%	30%	30%

<sup>1</sup> Since beginning to provide in-house pediatric services, there has been a dramatic reduction in the need to refer patients to outside specialists. For FY23, Dental Services has added a third pediatric dentist from University of Maryland to provide in-house pediatric dentistry services. This should cause a further reduction in the number of pediatric patients referred to outside specialists from FY22 - FY24.

<sup>2</sup> The percentage increased due to adding an additional day of pediatric dentistry services. Other factors affecting this metric include the following: (1) There was a 1-2 month waitlist to get a dental appointment; (2) Parents cancel appointments or do not show for a variety of reasons; (3) Caries in our child population often necessitate 6 or 7 appointments to complete treatment (the average number of visits to complete treatment is three); and (4) A small number are completed at a specialist's office and are not reflected in the statistic.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>3,652,335</b>	<b>16.00</b>
Increase Cost: Convert Contractual Dental Hygienist and Dental Assistant Positions to Merit Staff Positions	181,982	9.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	244,821	1.00
<b>FY24 Recommended</b>	<b>4,079,138</b>	<b>26.00</b>

## Health Care for the Uninsured

This program includes Montgomery Cares and Care for Kids. Through public-private partnerships, these programs provide primary health care services for low-income uninsured children and adults, using private pediatricians, a network of safety net clinics, and other health care providers. This program area also provides care coordination to uninsured children and adolescents with chronic or handicapping conditions needing specialty diagnostic, medical, and surgical treatment.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of low income uninsured County adults who received primary care at one of the participating clinics	19,777	21,940	23,500	25,000	26,500
Number of encounters - Montgomery Cares	53,336	52,261	52,261	66,000	72,000
Percent of Care for Kids clients who access Oral Health Services	25%	28%	40%	40%	40%
Percent of vulnerable populations that have a primary care visit - Adults <sup>1</sup>	35%	35%	50%	50%	50%
Percent of vulnerable populations that have a primary care visit - Children <sup>2</sup>	80%	99%	100%	100%	100%

<sup>1</sup> This measure is defined as the percentage of actual clients served (new and returning) over census data.

<sup>2</sup> This measure is defined as the percentage of actual clients served (new and returning) over census data. It is not the best representation of vulnerable children served in the County because of the annual frequency of census reporting.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>14,890,095</b>	<b>4.00</b>
Increase Cost: Support an Increased Montgomery Cares Clinic Reimbursement Rate	2,000,000	0.00
Increase Cost: Anticipated Rate Increase for the Behavioral Health Psychiatric Consultation Vendor	30,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	383,352	0.00
<b>FY24 Recommended</b>	<b>17,303,447</b>	<b>4.00</b>

## Health Planning and Epidemiology



The Health Planning and Epidemiology program serves as the expert in planning and analytic epidemiology within HHS and is responsible for community health needs assessment, program evaluations, disease surveillance and outbreak investigations, health statistics and data management, epidemiology and biostatistics, ongoing development and maintenance of a population data warehouse, and special research projects in collaboration with internal and external partners and academic institutions. The program coordinates and assists with annual performance measure reporting and is responsible for coordinating the students' internship and practicum within Public Health Services. The program provides data and epidemiology support to programs within Public Health Services and DHHS, internal/external partners, as well as support to the Health Officer and the DHHS Director's Office.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of community health outcome and social determinants of health indicators tracked	250	250	250	250	250
Number of presentations accepted or invited to conferences/meetings to communicate health statistics and research findings	2	1	1	1	1
Expansion of the knowledge base on community health outcomes for improved decision making as measured by the number of foundational public health surveillance/research reports/publications released <sup>1</sup>	0	3	2	2	2

<sup>1</sup> This was a new measure for FY21.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>549,107</b>	<b>4.00</b>
Add: Strengthen Local Health Department Infrastructure Grant	194,504	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	36,095	0.00
<b>FY24 Recommended</b>	<b>779,706</b>	<b>4.00</b>

## Licensure and Regulatory Services

This program inspects and licenses nursing homes, domiciliary homes (large assisted living facilities with less intensive care than nursing homes), and group homes serving children, the elderly, and mentally ill to ensure compliance with County, State, and Federal laws and regulations. Staff respond to complaints and provide advice and consultations to licensees to maintain high standards of care. This program also enforces State and local laws related to food service facilities, smoking in public places, nursing homes, group homes, swimming pools, camps, vermin control, private educational institutions, short-term residential rentals, hotels, and other various business licenses including those required for raffles, bingo, tanning salons, massage, body works, enterprises, and video games.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of routine inspections of food service facilities <sup>1</sup>	4,365	5,720	6,600	7,000	7,000
Percent of mandated inspections completed	50%	65%	75%	80%	80%
Percent of swimming pools found to be in compliance upon regular inspection	94%	92%	90%	90%	90%
Percent of food service facilities not having a critical violation upon routine inspection	76%	74%	75%	75%	75%

<sup>1</sup> Due to the impact of COVID, fewer routine inspections of food service facilities occurred in FY21.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>5,108,400</b>	<b>42.50</b>
Enhance: Add an Additional Environmental Health Plan Review Specialist to Assist with Reviews	62,665	1.00



FY24 Recommended Changes	Expenditures	FTEs
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(137,491)	(3.50)
<b>FY24 Recommended</b>	<b>5,033,574</b>	<b>40.00</b>

## Public Health Emergency Preparedness & Response Program

This program is responsible for the planning, readiness, and response activities of a public health emergency or bio-terrorism threat. Planning efforts are made in collaboration with the County Emergency Management Group; the Office of Emergency Management and Homeland Security; the Department of Fire and Rescue Service; the Police Department; hospitals; and a variety of other County, State, regional, and Federal agencies. Efforts are targeted at training and staff development, communication strategies, emergency response drills, partnerships, resources and equipment, the establishment of disease surveillance systems, mass immunization clinics, medication dispensing sites, and readiness.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of individuals who participated in a Public Health Emergency Preparedness trainings and exercises <sup>1</sup>	2,872	850	850	850	850

<sup>1</sup> FY20-FY21 numbers influenced by COVID-19 activities.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>1,210,703</b>	<b>7.80</b>
Add: One-Time Funding for COVID Response Readiness	4,781,300	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	86,273	0.00
<b>FY24 Recommended</b>	<b>6,078,276</b>	<b>7.80</b>

## School Health Services

This program provides health services to students in Montgomery County Public Schools (MCPS). These services include: first aid and emergency care; health appraisal; medication and treatment administration; health counseling, consultation, and education; referral for medical, psychological, and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens; and hearing, vision, and lead certification screenings. Immunizations and tuberculosis screenings are administered at School Health Services Immunization Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided to students enrolled at one of the County's School Based Health and Wellness Centers (SBHWC) or High School Wellness Centers. Head Start/Pre-K provides federally mandated health services to eligible three and four-year old children and is a collaborative effort of HHS, Office of Community Affairs, School Health Services, and MCPS.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Immunizations administered to students at SHS Immunization Center and SBHWCs <sup>1</sup>	3,586	19,342	19,000	19,000	19,000
Percent of students that return to class and are ready to learn after a health room visit <sup>2</sup>	84%	87%	91%	91%	91%

<sup>1</sup> MCPS school closures disrupted the measurement of school-based health services metrics. Measurement resumed in FY22.

<sup>2</sup> During FY20-FY22, any child with a COVID-like illness was sent home and, thus, more children who visited a health room at school were sent home.



<b>FY24 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY23 Approved</b>	<b>36,116,369</b>	<b>331.49</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	2,328,149	1.88
<b>FY24 Recommended</b>	<b>38,444,518</b>	<b>333.37</b>

## PROGRAM SUMMARY

<b>Program Name</b>	<b>FY23 APPR Expenditures</b>	<b>FY23 APPR FTEs</b>	<b>FY24 REC Expenditures</b>	<b>FY24 REC FTEs</b>
Admin - Public Health	7,099,527	12.50	8,961,386	13.00
Cancer & Tobacco Prevention	1,167,887	5.30	1,191,767	5.00
Communicable Disease & Epidemiology	15,435,821	83.80	16,064,932	87.80
Community Health Services	9,238,647	63.45	9,889,302	64.25
Dental Services	3,652,335	16.00	4,079,138	26.00
Health Care for the Uninsured	14,890,095	4.00	17,303,447	4.00
Health Planning and Epidemiology	549,107	4.00	779,706	4.00
Licensure and Regulatory Services	5,108,400	42.50	5,033,574	40.00
Public Health Emergency Preparedness & Response Program	1,210,703	7.80	6,078,276	7.80
School Health Services	36,116,369	331.49	38,444,518	333.37
<b>Total</b>	<b>94,468,891</b>	<b>570.84</b>	<b>107,826,046</b>	<b>585.22</b>



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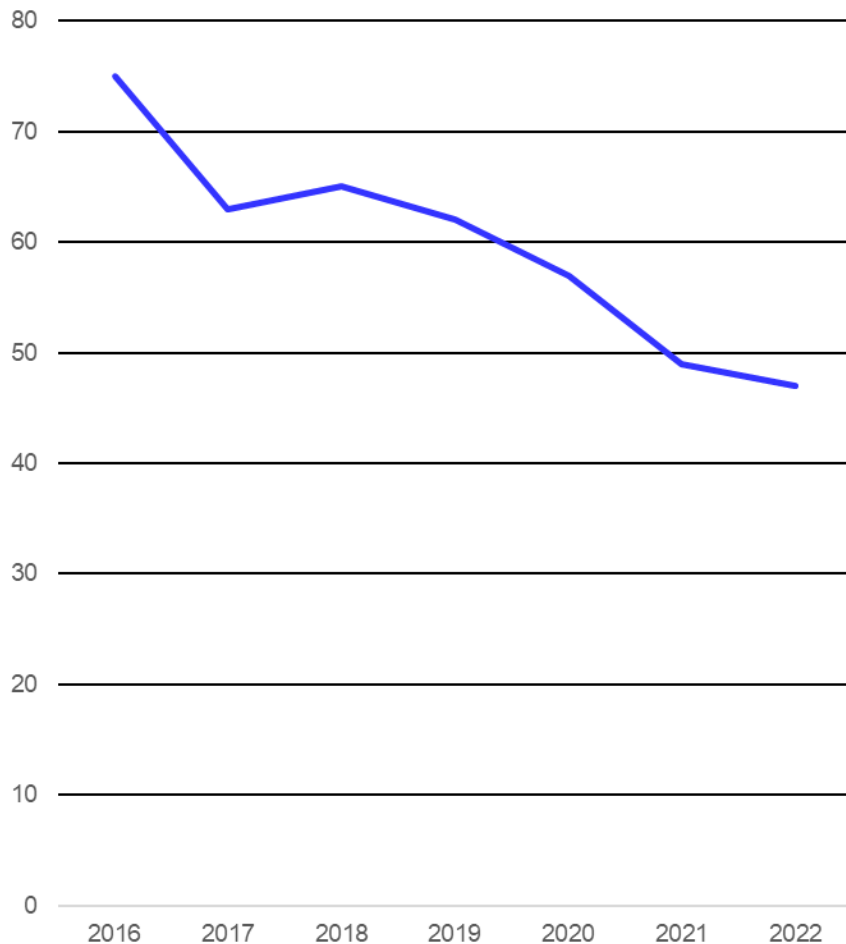
# Tuberculosis Control (TB) Program

- Control and Prevention
- Screening, diagnosis, treatment of tuberculosis disease and infection
  - Interviews
  - QuantiFERON testing
  - Sputum cytology
  - Other laboratory testing
  - Radiography
  - Investigation and tracing
  - Referrals
  - Education
- Medical and Nurse case management
- Directly Observed Therapy (DOT) and Video Directly Observed Therapy (vDOT)
- Reporting
- Collaboration (internal, interagency, interjurisdictional, international, research participation)
- Screening services at Montgomery County Correctional Facility(MCCF) and School Health Services (SHS) (referrals from shelters, housing, Adult and Child Protective services)
- Co-management with HIV Program, SHS and interjurisdictionally

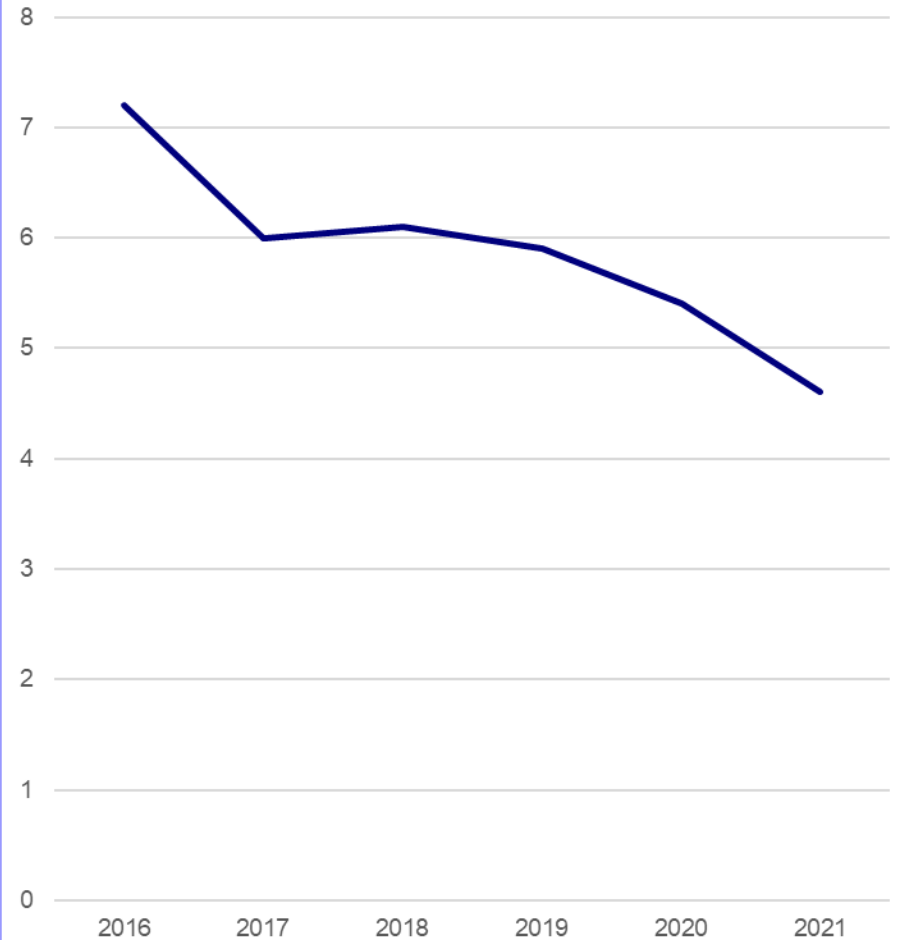


# Tuberculosis Control Program

**TB Cases in Montgomery County**



**TB Case Rate per 100,000**







# Tuberculosis Control Program

- DAHC Clinic
  - 8,431 visits (including Directly Observed Therapy/DOT)
  - 47 active disease cases (final total for CY22 pending)
  - 121 diagnosed with latent infection
  - 224 Shelter placement clearances
  - 65 Latent TB treatment managed
  - 1,186 Chest x-rays
- Montgomery County Correction Facility (MCCF)
  - 1,539 screenings
- School Health Services (SHS)
  - 1,427 screenings



## MONTGOMERY CARES ADVISORY BOARD

March 23, 2023

The Honorable Gabe Albornoz  
Chair, Health and Human Services Committee  
Montgomery County Council  
Stella B. Werner Council Office Building  
100 Maryland Avenue

Dear Chair Albornoz and HHS Committee Members:

Please accept our deepest gratitude and thanks for the tremendous job that you and your staff are doing for the residents of Montgomery County. Specifically, we would like to thank you for all that you are doing to support the uninsured and low income residents of our county those that are underserved. We have watched the day after day deliberations on the most challenging issues of our time and you and your team creating innovative solutions to mitigate the impact of this pandemic COVID-19 as well as the on-going challenges with funding so many worthy endeavors. Your individual and collective willingness to take on these challenges crafting thoughtful and in many cases innovative short and long-term solutions is commendable.

As the organization tasked with providing the healthcare safety net for low income and uninsured residents we are beneficiaries of the wisdom that you have displayed. Further, this public private partnership developed years ago has been able to survive due to your careful guidance and financial support. The programs represented by the Montgomery Cares Advisory Board are vital to the health and welfare of our most vulnerable residents. We are aware that due to the restrictions placed in response to the coronavirus pandemic that much needed healthcare and dental services has been suppressed or deferred. While we are appreciative of the creative funding for the clinics we know that as we continue to shift toward greater openness and the “new normal” through different phases that the demand for services will continue to increase. In consideration of all the many challenges confronting the County we offer the MCAB advocacy priorities identified as follows:

### **MCAB HEALTHCARE FOR THE UNINSURED ADVOCACY PRIORITIES**

#### **Montgomery Cares**

The Montgomery Cares Advocacy priorities are as follows:

Reimburse adult primary care at a rate of \$175 per encounter: \$4,466,000.

- a. The MCAB recommends implementation of the \$175 rate is urgently needed and that the new rate should be implemented in the next budget cycle.



## MONTGOMERY CARES ADVISORY BOARD

- b. The MCAB recognizes that increasing the reimbursement rate to \$175 in the next budget cycle may pose challenges. If the \$175 rate cannot be implemented in the next cycle, the Committee supports adopting a rate of \$130-\$150 per encounter this year and ramp up to \$175 the following year.

Enhance behavioral health service streams in a manner that facilitates timely access to services: \$125,600.

- a. Psychiatric consultation services provided by Georgetown Psychiatry (\$30,000)
- b. Support for a therapist for adult behavioral health (\$95,600)
- c. Resources to support the behavioral health needs of unhoused county residents

Resources to support adult immunization: \$250,000.

Additional funding would enable clinics to order sufficient immunizations to cover their populations rather than prioritizing among the six, which are:

- Pneumovax 23 and Prevnar 13 (Pneumococcal Pneumonia)
- Adacel (Diphtheria, Tetanus, Pertussis)
- Vaqta-A Adult PFS (Hep A)
- Recombivax HB (Hep B)
- Zostavax (Varicella Zoster)
- Tubersol (Tuberculosis PPD test)

Senior Planning Specialist, 1.0 FTE: \$125,000.

DHHS staff position to conduct advance work in planning, implementation, and evaluation for value-based care strategic activities, including eligibility, enrollment and empanelment, primary care medical homes, alternative payment methodologies, and quality improvement, in Montgomery Cares. This position would help work on establishing a quality improvement program in Care for Kids. This position would also help support other planning, implementation, and evaluation work to support both Montgomery Cares and Care for Kids.

Healthcare for the Uninsured Eligibility and Enrollment Data System: \$1,200,000.

This funding would support DHHS in building an eligibility and enrollment data system for the Healthcare for the Uninsured Program. The MCAB recently submitted to the DHHS recommendations on eligibility policies and processes. This eligibility and enrollment data system will be essential for the DHHS to implement the policy and process recommendations of MCAB.

The eligibility and enrollment data system will be a single, centralized data system that moves application assistance and eligibility determination into the community at the point-of-care in the



## MONTGOMERY CARES ADVISORY BOARD

clinics and across select community-based organizations. The portal will serve as the eligibility and enrollment system for individual Montgomery Cares clinics and select community-based organizations to accept and process applications & make eligibility determinations real-time. The data system will first be used by the Montgomery Cares program and then rolled out across Healthcare for the Uninsured programs in subsequent years.

### Patient Experience Surveys: \$50,000.

Patient experience surveys will be administered to a random sample of enrolled patients at each participating Montgomery Cares clinic throughout the year. The budget for a single fiscal year.

### Quality Assurance Audits: \$40,000.

Quality Assurance audits will be performed in the summer of each year with half of participating clinics receiving their audit at the end of the FY and half at the beginning of the following FY. The budget for a single fiscal year.

Because dental services for uninsured residents are provided through a combination of County-run clinics and MCares-supported infrastructure, the MCAB is mindful of the importance of close links between MCAB's MCares and Dental programs. The MCAB understands that DHHS also recognizes the close relationship between these programs and service streams.

## Care for Kids

### Request: Streamline access to care by instituting presumptive eligibility policy for Care for Kids.

Children eligible for CFK come from households with income below 250% of the federal poverty level and are ineligible for other state or federal health care programs. We recommend a presumptive eligibility policy to ensure children can be connected to care as quickly as possible. Community based providers, outreach workers, and PEP staff are positioned to navigate children and families directly to services for immediate needs such as immunizations, well child visits upon arrival in the community, and sick care. Providers should be able to deliver these services under presumptive eligibility while the time-consuming application and enrollment process plays out. This would also align CFK policy with the Montgomery Cares program which already has a presumptive eligibility policy for two visits/patient encounters.

Request: \$272,000 added to Care for Kids medical services line to meet needs of growing enrolled population and provide fair market reimbursement for providers.



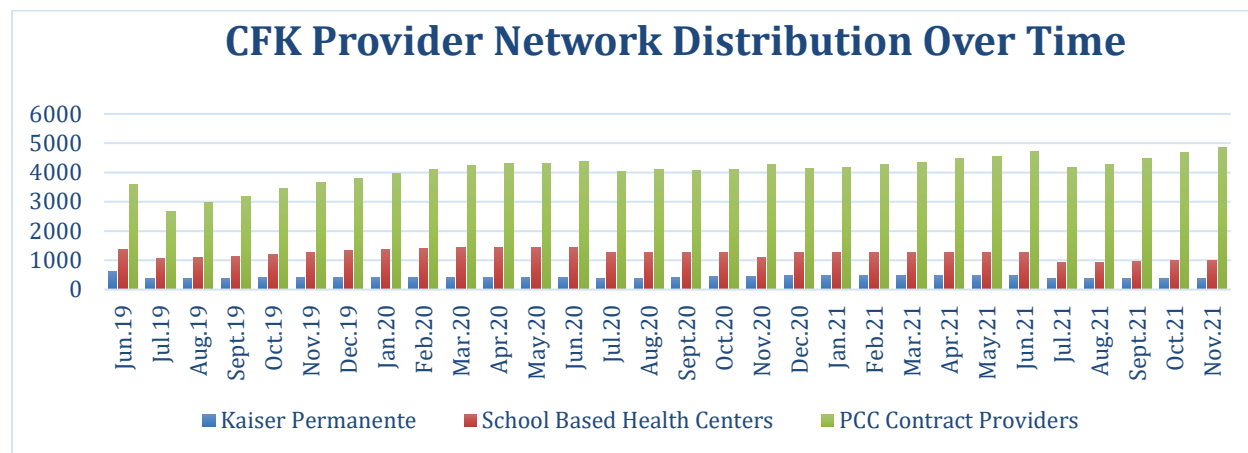
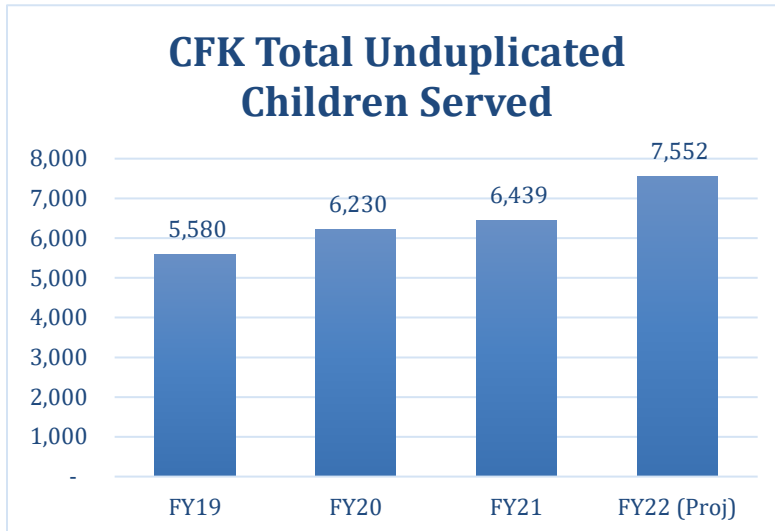
## MONTGOMERY CARES ADVISORY BOARD

In the first quarter of FY22, Care for Kids enrolled an average of 119 new children per month (immediate post pandemic). In Q1 and Q2 of FY20 (pre-pandemic) CFK was enrolling 230 new children on average per month. These are net new enrollments signaling program growth over the existing participants.

Increases in enrollment are putting pressure on the service network. The program must be prepared to place more children with contracted health care providers and reimburse these providers whose practices are

recovering from the economic effects of the pandemic and who are struggling to meet operating costs in an era of inflation and rising labor costs. Benchmarking CFK reimbursement to Medicaid would create a more sustainable network of culturally sensitive providers able to meet the primary care needs of the CFK population.

The CFK Network consists of three categories of provider: Kaiser Permanente (Pro-Bono), School Based Health Centers, and Contracted Providers. As enrollments rise the proportion of children enrolled in Kaiser and School Based Health has shrunk compared to the number enrolled with contracted providers as their medical home. Competitive reimbursement positions CFK to recruit more providers into the network which may be necessary given rapid program growth that is expected to continue in the coming years.



Using historic utilization data, PCC project the cost of CFK Primary Care services in FY23 to be between \$203,000 and \$272,000. Two methods were used to adjust for unusually low encounters in FY21 due to the Covid-19 pandemic.



## MONTGOMERY CARES ADVISORY BOARD

### *Using average cost through all acute CPT codes rates - Projection using FY19 through FY21*

CPT Codes	Current rate	100% of Medicaid	FY23 Encounters (Projected)	Cost with new rates	Cost with current rate	Difference
99201-99205	\$70.00	\$125.88	154	\$19,323.19	\$10,745.00	\$8,578.19
99211-99215	\$60.00	\$96.98	1982	\$192,186.00	\$118,900.00	\$73,286.00
99381-99385	\$80.00	\$123.77	534	\$66,112.74	\$42,733.33	\$23,379.41
99391-99395	\$70.00	\$110.35	1892	\$208,800.59	\$132,451.67	\$76,348.92
99354	\$106.79	\$130.73	246	\$32,203.16	\$26,305.94	\$5,897.22
Total						\$187,489.74
(8.28% Indirect Expense)						\$15,524.15
<b>Total</b>						<b>\$203,013.89</b>

### *Using average cost through all acute CPT codes rates - Projection using FY18 through FY20*

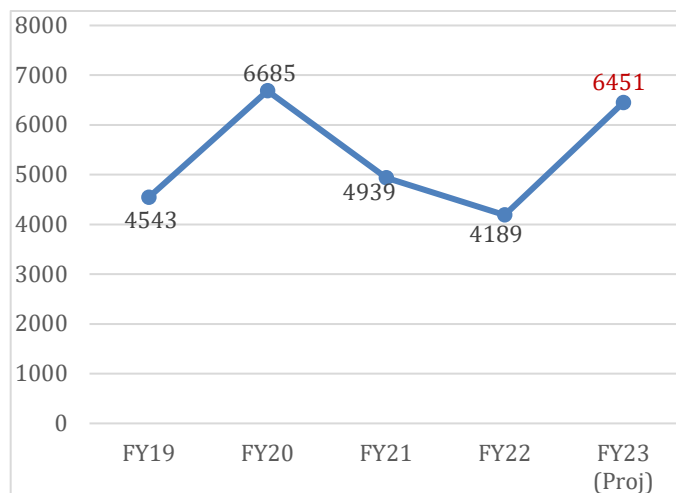
CPT Codes	Current rate	100% of Medicaid	FY23 Encounters (Projected)	Cost with new rates	Cost with current rate	Difference
99201-99205	\$70.00	\$125.88	415	\$52,283.82	\$29,073.33	\$23,210.49
99211-99215	\$60.00	\$96.98	3020	\$292,853.31	\$181,180.00	\$111,673.31
99381-99385	\$80.00	\$123.77	1749	\$216,428.98	\$139,893.33	\$76,535.64
99391-99395	\$70.00	\$110.35	904	\$99,793.18	\$63,303.33	\$36,489.85
99354	\$106.79	\$130.73	136	\$17,779.28	\$14,523.44	\$3,255.84
Total						\$251,165.13
(8.28% Indirect Expense)						\$20,796.47
<b>Total</b>						<b>\$271,961.61</b>

Request: \$56,800 for 1.0 FTE Claims and Billing Coordinator (salary and fringe)



## MONTGOMERY CARES ADVISORY BOARD

**Request:** Add capacity to the Care for Kids program to assure continued high quality program administration and respond to unprecedented program growth.



This request is to shore up Care for Kids program and administrative infrastructure to manage the increased enrollments and associated claims processing.

Care for Kids is experiencing record levels of enrollments as children fleeing violence continue to be welcomed in the County. As the number of children actively enrolled in CFK increases, so too does the level of service provided and the associated number of claims and invoices from providers that need to be adjudicated, processed, and paid.

*Figure 1: CFK Provider Claims by Year (Primary, Specialty, Dental & Behavioral Health)*

The timing of newly arrived children enrolling in the program and the pandemic created an unusual trend in claims volume with anticipated increases due to growth in program participation, but actual reduction in utilization due to changes in care seeking behavior at the height of the pandemic.

Year-to-date in FY23, CFK has processed over 4,000 claims and projects reaching FY20 levels by the end of the Fiscal Year, signaling a rebounding of service utilization.

CFK billing infrastructure was already operating at maximum capacity prior to the pandemic and will not be able to keep up with the pace of claims without added capacity. Currently, CFK has just 0.1 FTE responsible for receiving, adjudicating, and paying provider claims for all Care for Kids encounters. An increase to 1.0.

\* FY21 encounters low due to pandemic related anomalies.

**Request:** \$145,000 to establish a quality improvement program in Care for Kids

Unlike, Montgomery Cares, Care for Kids does not have funding to regularly monitor clinical outcomes for the thousands of children receiving care. Experience with the adult program demonstrates that dedicating resources for a clinical quality improvement program has tremendous benefits on health outcomes. In the adult program, quality improvement efforts have led to substantial increases in cancer screening rates, and improved diabetes and hypertension control at a population level. Children in CFK should have the same attention to clinical outcomes as their counterparts enrolled in Medicaid or insured programs which included dedicated resources to assess and continuously improve clinical quality.

The addition of 0.75 FTE Quality Improvement Manager and 0.5 FTE Data Analyst would help align CFK with other pediatric safety-net programs and with Montgomery Cares. These staff would be responsible for implementing a quality improvement program within Care for Kids consistent with the principles recommended by a 2019 workgroup of MCAB, Health Center Leadership Council, and PCC stakeholders



## MONTGOMERY CARES ADVISORY BOARD

with professional expertise in clinical quality improvement and quality assurance. The recommended quality program would include the following components.

- \$92,600 for 0.75 FTE Quality Improvement Manager (salary and fringe)
- \$53,000 for 0.5 FTE Data Analyst (salary and fringe)

### Measures development and reporting

- Adapt from existing endorsed clinical measures e.g. HEDIS Medicaid or CMS Core set, Dental Quality Alliance, etc.
- Gain consensus and commitment to measure set ensuring balance of outcome and process measures
- Define technical specifications
- Reporting for key clinical indicators using clinical data, diagnostic and billing codes
- Data analysis at determined interval identify trends and outcomes related to agreed upon measures

### Shared learnings

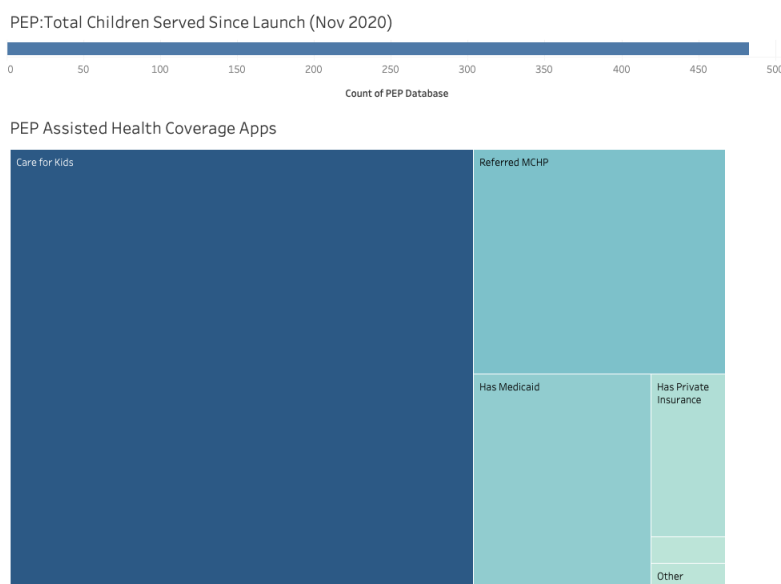
- Measures performance reviewed at a determined interval (quarterly)
- Identify trends and opportunities for improvement
- Determine change initiatives

### Quality improvement coaching

- Technical assistance to support improvement activities
- Change management support

**Request: \$128,050 to continue 2.0 FTE Community Health Workers for the Point of Entry Project (PEP) that links newcomer families to health care and wrap around services (salary and fringe).**

The Point of Entry Project (PEP) aims to provide early, easy, and essential service connections to help our newly arrived neighbors thrive. PEP embeds a community health worker with the MCPS Office of International Enrollment and receives direct referrals from one of the most well-known connection points for newly arrived families. The program identifies and screens family for relevant programs and makes service connections to programs like Care for Kids, Maryland





## MONTGOMERY CARES ADVISORY BOARD

Health Connection, and Food is Medicine.

The program launched in November 2020 PEP had served nearly 500 families by the end of 2021. The Primary Care Coalition launched PEP in November 2020 with funding from the Greater Washington Community Foundation and Morris and Gwendolyn Cafritz Foundation. After the initial pilot period (November 2020 through March 2021) PCC secured a grant from the Maryland Community Health Resources Commission to continue the program.

In FY22, the County Council added two positions for the Point of Entry Program (PEP) to the CFK budget in as supplemental funding to support unaccompanied minors. The funds appropriated by Council in FY22 will enable the program to add capacity in the form of two additional CHWs. Recognizing that children and their families will continue to arrive in Montgomery County until major geo-political changes occur to stem the flow of migration from Central America, we recommend that the 2.0 FTE PEP positions become permanent.

### Request: \$5,000 Behavioral Health Copay Subsidy

The ability to pay out-of-pocket for health care services can be a barrier to accessing care for those of lower incomes. Funding would be used to ensure CFK families have no out-of-pocket co-pay costs for behavioral health visits. Approximately 365 patients would be served.

## Maternity Partnership Program

### Evidence-Based Home Visiting Model (Nurse Family Partnership): \$562,000.

Establish Evidence-Based Home Visiting Model (Nurse Family Partnership) in the Area Health Centers to serve all first-time moms. This would position the Health Centers to be eligible for Medicaid billing and other State and Federal funding.

### MCH Screening Team: \$132,000.

Establish a MCH Screening Team to equitably triage all pregnant women enrolled in Medicaid and refer to appropriate DHHS and Community Based programs.

### Bilingual Community Health Worker (CSAIII) and a bilingual part-time Dental Hygienist: \$145,000.

Improve access to dental services for pregnant women by hiring a bilingual Community Health Worker (CSAIII) and a bilingual part-time Dental Hygienist to work exclusively with maternity patients. The Community Health Worker will serve as a Maternity Dental Liaisons to provide personal one-on-one support to ensure that the pregnant women get into and stay in dental care services.

### Maternal Child Social Worker: \$86,860.



## MONTGOMERY CARES ADVISORY BOARD

Hire a Maternal Child Social Worker to help support nursing and health worker staff with patients with high risk social needs including homelessness, substance abuse, intimate partner violence.

Proposed Need	Patient Population	Additional staff needed	Estimated Start-Up Cost	Estimated additional cost per year
Nurse Family Partnership: Home Visiting	First Time Moms (Medicaid and Maternity Partnership)	1 OSC 1 Nurse Manager	\$525,000 (one-time funding request)	\$562,000
DHHS Maternal Child Screening Team:	All Pregnant women enrolled in Medicaid	2 CSA III/ Community Health Workers	n/a	\$132,000
Bilingual Community Health Worker and Part-time Dental Hygienist	Pregnant women enrolled in Medicaid or the Maternity Partnership Program	1 CSA III 0.5 Dental Hygienist	n/a	\$145,000
MCH Social Worker	Pregnant women enrolled in Medicaid or the Maternity Partnership Program	1 Social Worker	n/a	\$86,860
		<b>Total request for FY24</b>	<b>\$525,000</b> (one-time start-up request)	<b>\$925,860</b>

### Dental Services Advocacy Priorities FY-2024

The Montgomery County Public Health Dental Program has 5 dental clinics and 19 dental operatories that serve the uninsured and underinsured population of Montgomery County. Dental services are provided to children, pregnant women, the adult population, and seniors. The services provided include preventive care, regular care, and some specialty care. Most of the needed specialty care is referred out.

The need for dental care in Montgomery County has continually increased over the years and with the expected expansion of Medicaid recipients we anticipate an increase in the demand for dental care in the County.



## MONTGOMERY CARES ADVISORY BOARD

The Montgomery Cares Advisory Board Dental Committee has supported the move to a Value Based Care (VBC) model which is designed to gain clinical efficiencies and clinical outcomes through collaboration with other dental service providers coupled with a focus on prevention. Our prior advocacy priorities have reflected and supported this trend. A school sealant program, a dental collaboration pilot and additional clinical and administrative support personnel.

The following are budget priorities for FY24 for the Montgomery County Dental Health Program:

### 1 FTE County merit employee, Oral Maxillofacial Surgeon, Grade D4: \$194,404.00.

The greatest demand for specialty care is that service provided by the oral surgeon. The current status of patients needing oral surgery has a waiting list of 5-6 months. The wait list, and wait time continues to grow due to difficulty in establishing a consistent referral network with oral surgeons in private practice. The addition of a full-time oral surgeon will have significant impact in reducing the waiting time for oral surgery patients, reducing the referral of patients to private practices along with reducing the potential for infections associated with cases requiring surgical intervention. MCAB requests funding support for a full-time oral maxillofacial surgeon.

### 4 FTE County merit employees, Administrative positions: \$321,077.

Fully support adding three (3) administrative positions; Program Manager, Front Desk Manager Operations Manager to the dental support staff. In January, 2023 adult dental benefits will expand to Maryland residents eligible for Medicaid (ages 19 and over). This expansion will increase the number of eligible Medicaid recipients eligible for dental benefits to approximately 756,000. Data suggesting the impact for Montgomery County is forthcoming.

In 2023 undocumented pregnant women will be eligible for dental benefits through Medicaid. The county estimates that 70% of pregnant women participating in the Maternity Partnership Program will now be eligible for Medicaid benefits and will be seeking dental care at DHHS dental facilities further challenging an already stressed system.

Medicaid reimbursement rates are significantly less in comparison to private dental insurance rates for Montgomery County. Dentists in the county have expressed concern over reimbursement rates, processing times for reimbursement and the complexity of these patients' medical/dental conditions. These concerns have caused some dentists to stop accepting new patients and could cause a significant burden on the county to provide dental services to the Medicaid population

The enormity of administrative and program infrastructure needs related to this unprecedented growth will require an increase in administrative staff. We project a need of 3 administrative positions in order to manage such an increase in patient load. MCAB requests funding support for 3 additional administrative to assist and manage this increase without impacting the delivery of dental care.



## MONTGOMERY CARES ADVISORY BOARD

Manager of Operations 1 FTE, Grade M3 at a salary of \$119,070.00  
 Program Manager 1 1 FTE Grade 23 at a salary of \$87,287.00  
 Principal Administrative Aide, 2 FTE, Grade 13 at a salary of \$114,720.00

1 Contractor Endodontist .02 FTE Grade D4: \$38,879.00.

There is a great demand for endodontic specialty care. The need for root canal therapy is only transcended by that of the OMFS. Failure to provide endodontic treatment leads to other treatment needs such as (tooth replacement), now with limited services. Additionally, there is the propensity for increased infections which if untreated may lead to an increase in more critical care issues. The current status of patients needing root canal therapy has an in-house waiting time of 1-2 months. The wait list, and wait time continues to grow due to difficulty in establishing a consistent referral network with endodontists in private practice. The reality of a full-time endodontist reduces the incidence of patients with dangerous infections of the oral cavity and cases that will require tooth replacement treatment. MCAB requests funding support for a full-time endodontist.

Pediatric dental support: \$60,000.

The Montgomery Cares Advisory Board previously advocated for a School Sealant Program (SSP). This request was supported with funding. The extent of the SSP has generated a larger patient case load than anticipated. This additional load, coupled with higher demands through Care for Kids and expanded Medicaid coverage will challenge the clinical capability to a greater degree than is presently challenged. Pediatric care currently has a 2-month wait time for in-house care. The referral of pediatric patients for operating room care is both complex and challenging in that the number of providers accepting these cases is small and many cases are not accepted. FY 22 we experienced 12 cases for referral of which 4 were not accepted. In using FY22 cases and cost of \$5, 00.00 per case,

### Summary

Priority	Position	Funding Need
Priority 1	1 Full-time oral maxillofacial surgeon	\$194,404.00
Priority 2	3 administrative support positions	\$321,000.00
Priority 3	1 Part-time endodontist	\$38,879.00
Priority 4	Pediatric dental support	\$60,000.00
<b>Total Advocacy Request</b>		<b>\$614,283.00</b>



## MONTGOMERY CARES ADVISORY BOARD

### MCAB Healthcare for the Homeless

FY23 Advocacy Request Health Care for the Homeless

#### Psychiatric Services with a special emphasis on substance use disorders: \$600,000.

Given the number of individuals that we are seeing with substance abuse and co-occurring disorders, we are proposing a pilot addictions program. This program will be designed to work with individuals with various types of addiction including, but not limited to, alcohol, cocaine, opiates, hallucinogens, etc. This program will include individual and group therapy as well as medication assisted treatment (e.g. Suboxone, Naltrexone, Vivitrol etc.). Needed elements of the program include a Physician/Nurse Practitioner with experience working with these populations, nursing staff, medical supplies, security structure as needed, as well as a developed partnership with a pharmacy for timely medication delivery.

#### Home Health Aide (HHA) supports in shelter and for previously homeless client sin permanent supportive housing (PSH): \$750,000.

This program structure will include a team of 6 – 7 people (Nurse, behavioral tech specialist, 3 – 4 certified nursing assistance (CNA) and program liaison).

This request will be a nontraditional approach to providing an equitable opportunity for this vulnerable population to age in place with supports, decrease hospitalizations and overuse of emergency room visits, avoid an increase in homelessness upon our senior's population and individuals with significant medical and psychiatric conditions.

#### Community Health Worker (CHW) for high utilizers of the Montgomery County healthcare system (Bilingual preferred): \$80,000.

This individual will be embedded within the hospitals as a first line of contact for many of the high utilizers, high profile cases and complex cases with significant medical and psychiatric needs. The CHW would work closely with the hospital care navigators for complex cases discharged back to shelter and/or a PSH placement within the community and assist with hospital challenges to discharge and recidivism. This individual would also work as a peer health promoter, assist with improving access to health care services, help improve adherence to health recommendations, possibly reduce the need for emergency care services unnecessarily and help reduce health disparities among this vulnerable population.

A homeless preference from Housing Opportunities Commission (HOC) and referrals from Montgomery County Homeless Coordinated Entry System (Policy Change Request).



## MONTGOMERY CARES ADVISORY BOARD

This would give our homeless clients an opportunity to be prioritized based on need and the fact that homeless clients age 30 years faster than the average person. This opportunity would also provide some level of equity in access to housing to one of our most vulnerable populations.

In closing, we would like to again thank you for your support and your unwavering commitment to the programs under the purview of the Montgomery Cares Advisory Boards. We would also like to acknowledge the tireless and consistent support of the staff who we rely on heavily for guidance and advice. We trust that you will continue to invest and support this successful public private partnership as we continue to serve those residents in most need.

Sincerely,



Wayne L. Swann  
Chair, Montgomery Cares Advisory Board



# Healthcare for the Uninsured: Joint FY24 Advocacy Statement

Health Centers Leadership Council & Primary Care Coalition

Supported by Montgomery Cares Advisory Board

Investing in safety-net health services is the right thing to do, and it's the smart thing to do!

Montgomery County has been a trailblazer in creating systems of care that ensure access to high quality health services for all residents. Through Public-Private Partnerships, the Montgomery County government, hospitals, community-based clinics and health centers, and the Primary Care Coalition deliver a unique safety-net system of care so that all residents can receive primary and preventive health services regardless of their immigration status or ability to pay.

The pressures of the pandemic continue, and as we move through stages of recovery new challenges are on the horizon that threaten the stability of Montgomery County's remarkable health safety-net system. As the public health emergency draws to a close, there are many challenges on the horizon. The continued need for health services is growing as we welcome newcomer families; but the capacity of our organizations to meet this need is impacted by global supply chain issues, healthcare workforce shortages and burnout, and rampant inflation. It is vital to ensure that our safety-net system of care remains strong so that we can continue to provide access to high quality, culturally sensitive health services to Montgomery County residents.

As you develop the Fiscal Year 2024 operating budget, we request that you include funding to ensure organizations involved in providing health care for uninsured residents receive adequate funding to deliver direct care.

- Provide a 20% increase for pediatric primary care which has not increased in over 5 years
- Reimburse adult primary care at a regionally competitive rate of \$175 per encounter

We are grateful that the County Executive included a portion of what is needed to shore-up the Montgomery Cares reimbursement rate. We ask that you retain the increases provided by the Executive and add more, to support the continued viability of our remarkable safety-net system by addressing lagging reimbursement for *both* Montgomery Cares and Care for Kids.

In addition, we ask that you consider requests for policy and programmatic enhancements that will further strengthen the healthcare for the uninsured portfolio of programs.



## FY24 Requests

Request	FY23 Base	FY24 CE Proposed	FY24 Council Request
Tier One Requests			
Care for Kids. Increase for Primary Care Rate	\$ 404,528	\$ 438,024	\$ 100,700
Montgomery Cares. Increase Primary Care Rate	\$ 5,508,000	\$ 7,508,000	\$ 4,377,000
Policy Priorities (No Budget Impact)			
Care for Kids: Presumptive Eligibility			
Care for Kids: Behavioral Health Co-Pay Offset			
Healthcare for Homeless: Homeless preference for HOC			
Further Budget Priorities			
Care for Kids			
Administrative Coordinator	\$ 7,119	\$ 7,333	\$ 56,800
Quality Improvement Program	\$ -	\$ -	\$ 157,700
Point of Entry Program (continue)	\$ 132,010	\$ 135,970	Approve CE
Maternity Partnership			
Reprogramming: Nurse Family Partnership	\$ 1,411,559	\$ 1,411,559	Approve CE
Reprogramming: Enhanced Pre-Natal Dental Access			
Reprogramming: Screening and Navigation for SDOH			
County Dental			
Adult Specialty Dental	\$ 1,702,011		\$ 232,900
Pediatric Specialty Dental	\$ 122,096	\$ 122,096	\$ 60,000
Montgomery Cares			
Psychiatric Consultation	\$ 220,577	\$ 250,577	Approve CE
Behavioral Health Therapist	\$ -	\$ -	\$ 96,500
Adult Immunizations	\$ 1,371,500	\$ 1,371,500	\$ 250,000
Quality Assurance Audits	\$ -	\$ -	\$ 40,000
Patient Experience Surveys	\$ -	\$ -	\$ 50,000
Eligibility and Enrollment Data System	\$ -	\$ -	\$ 1,200,000
Total			\$ 6,621,600
<i>*All budget requests are inclusive of fringe and indirect cost where applicable</i>			



## Appendix A: Justification

### I. Tier One Requests

Ensure organizations involved in providing health care for uninsured residents receive adequate funding to deliver direct care.

- **\$4.377M: Reimburse adult primary care at a regionally competitive rate of \$175/encounter**
- **\$ 100,700: Fund Care for Kids medical services line to meet needs of growing enrolled population and provide fair market reimbursement for providers.**

#### Montgomery Cares

To sustain Montgomery Cares' unique public-private partnership, the reimbursement rate must align with the actual costs of care delivery. The current primary care reimbursement rate of \$76.50 is not sufficient to support service delivery. The actual cost of care provided by participating clinics averages \$250 per encounter. The current base rate has been in place since FY20 and the gap between actual costs of providing care and Montgomery Cares reimbursement increases every year.

In summer of 2022, Montgomery Cares stakeholders met in a three-part series to discuss the standards of care provided in the program and associated costs, review the competitive landscape and understand reimbursement models for similar programs in neighboring jurisdictions, and recommend an updated rate for the program. The Montgomery Cares Reimbursement Workgroup recommended a rate of \$175 per encounter, which reflects 70% of the average actual cost of care.

The County Executive's proposed budget included a \$2M increase for primary care reimbursement which would bring the reimbursement rate to approximately \$114/encounter. FY24 utilization is projected at 66,000 encounters.

We request the Council approve the \$2M increase as recommended by the County Executive and add a further \$4.377M to achieve a regionally competitive rate of \$175/encounter.

Encounters (Projected)	Rate	Goal
66,000	\$175/encounter	\$ 11,550,000

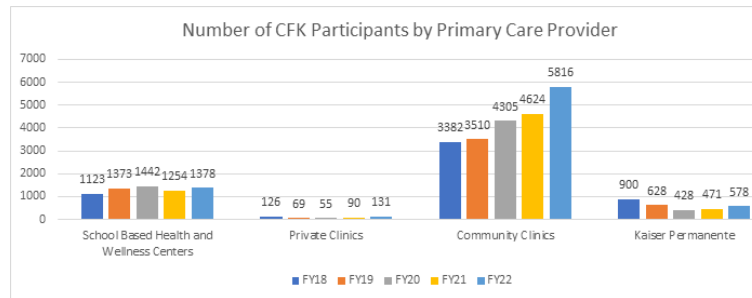
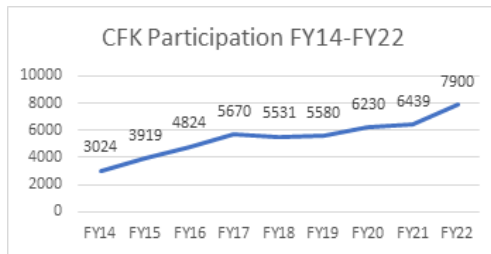
Current	CE Proposed Budget	Additional Requested
\$ 5,508,000	\$7,508,000	\$ 4,042,000
	(8.28% Indirect Expense)	\$ 334,678
		<b>\$ 4,376,678</b>

#### Care for Kids

Since FY14, the number of children participating in Care for Kids (CFK) has grown steadily. As the number of actively enrolled children increases, so does the level of provided medical services and associated case management and program administration needs.

Increases in enrollment are putting pressure on the service network. The CFK Network consists of three categories of provider: Kaiser Permanente (Pro-Bono), School Based Health Centers, and Contracted Providers which include community-based health centers and private providers. The fee schedule for reimbursing contracted providers has not increased in over a decade.





As enrollments rise, the proportion of children enrolled in Kaiser and School Based Health has shrunk compared to the number enrolled with contracted providers. The program must be prepared to place more children with contracted health care providers and reimburse these providers whose practices are recovering from the economic effects of the pandemic and who are struggling to meet operating costs in an era of inflation and rising labor costs. Competitive reimbursement positions CFK to recruit more providers into the network which may be necessary given rapid program growth that is expected to continue in the coming years.

To address the above concerns, a 20% rate increase to the CFK fee schedule for primary care services is requested.

Using average cost through all acute CPT codes rates – Projection using FY18 through FY20 (pandemic years excluded from forecast)

CPT Codes	Current rate	20% Increase	FY24 Encounters (Projected)	Cost w/ 20% Increase	Cost with current rate	Difference
99201-99205	\$70.00	\$84.00	482	\$40,516.00	\$33,763.33	\$6,752.67
99211-99215	\$60.00	\$72.00	3270	\$235,416.00	\$196,180.00	\$39,236.00
99381-99385	\$80.00	\$96.00	2018	\$193,696.00	\$161,413.33	\$32,282.67
99391-99395	\$70.00	\$84.00	898	\$75,460.00	\$62,883.33	\$12,576.67
99354	\$106.79	\$128.15	100	\$12,814.80	\$10,679.00	\$2,135.80
				Total		\$92,983.80
				(8.28% Indirect Expense)		\$7,699.06
					Total	\$100,682.86

## II. Policy Priorities

### Care for Kids Presumptive Eligibility Policy

Streamline access to care by instituting presumptive eligibility policy for Care for Kids. Children eligible for CFK come from households with income below 250% of the federal poverty level and are ineligible for other state or federal health care programs. We recommend a presumptive eligibility policy to ensure children can be connected to care as quickly as possible. Community based providers, outreach workers, and Point of Entry Project staff are positioned to navigate children and families directly to services for



immediate needs such as immunizations, well child visits upon arrival in the community, and sick care. Providers should be able to deliver these services under presumptive eligibility while the application and eligibility determination process plays out. This would also align CFK policy with the Montgomery Cares program which already has a presumptive eligibility policy authorizing two visits/patient encounters prior to completion of the eligibility determination process.

#### **Care for Kids Behavioral Health Copay**

Implement budget neutral policy changes to preserve access to behavioral health services for CFK. Behavioral health services were added to the Care for Kids program in 2018 when the Primary Care Coalition was awarded a 5-year grant to start up this service line. Recognizing the importance of behavioral health, Montgomery County soon provided additional funds to sustain this important service line. With County funds available to pay for behavioral health visits, grant funds were deployed to address other barriers including the \$15/visit co-pay that many families could not afford given the frequency of behavioral health visits. With the conclusion of the grant, these funds ceased to be available to alleviate the cost burden of these services on CFK families. To ensure financial pressure does not prevent children from receiving needed services, policy changes are recommended to allow existing funds in the CFK behavioral health budget line to also be used for this purpose.

#### **Healthcare for the Homeless HOC Homeless Preference Policy**

Improve connections to housing for people experiencing homelessness by instituting a preference policy for Housing Opportunities Commission (HOC) units for referrals from Montgomery County Homeless Coordinated Entry System. This would give our homeless community members an opportunity to be prioritized based on need, streamlining access to housing for our most vulnerable populations.

### **III. Further Budget Priorities**

#### **\$56,800 Care for Kids Administrative Coordinator**

Add capacity to the Care for Kids program to assure continued high quality program administration and respond to unprecedented program growth. Care for Kids is experiencing record levels of enrollments as children fleeing violence continue to be welcomed in the County. As the number of children actively enrolled in CFK increases, so too does the level of service provided and the associated number of claims and invoices from providers that need to be adjudicated, processed, and paid. CFK billing infrastructure is at a breaking point and will not be able to keep up with the pace of claims without added capacity. Currently, CFK has just 0.1 FTE responsible for receiving, adjudicating, and paying provider claims for all Care for Kids encounters. An increase to 1.0 FTE is needed to effectively manage the increased claims and billing. In addition to ongoing claims adjudication and processing, there are increased administrative needs such as liaising with OESS to ensure complete and timely transfer of information between eligibility determination and enrollment and managing relationships with provider offices.

#### **\$157,700 Care for Kids Quality Improvement Program**

Unlike Montgomery Cares, Care for Kids does not have funding to regularly monitor clinical outcomes for the thousands of children receiving care. Experience with the adult program demonstrates that dedicating resources for clinical quality improvement has tremendous benefits on health outcomes. In the adult program, quality improvement efforts have led to substantial increases in cancer screening rates, and improved diabetes and hypertension control at a population level. Children in CFK should have the same

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attention to clinical outcomes as their counterparts enrolled in Medicaid or insured programs which included dedicated resources to assess and continuously improve clinical quality.

The addition of 0.75 FTE Quality Improvement Manager and 0.5 FTE Data Analyst would help align CFK with other pediatric safety-net programs and with Montgomery Cares. These staff would be responsible for implementing a quality improvement program within Care for Kids consistent with the principles recommended by a 2019 workgroup of MCAB, Health Center Leadership Council, and PCC stakeholders with professional expertise in clinical quality improvement and quality assurance. The recommended quality program would include the following components.

Description	Request
0.75 FTE Quality Improvement Manager (salary and fringe)	\$92,600
0.5 FTE Data Analyst (salary and fringe)	\$53,000
(8.28% Indirect Expense)	\$12,056
	<b>\$ 157,655</b>

### **\$128,050 Point of Entry Program (Continue)**

The Point of Entry Project (PEP) aims to provide early, easy, and essential service connections to help our newly arrived neighbors thrive. PEP embeds a community health worker with the MCPS Office of International Enrollment and receives direct referrals from one of the most well-known connection points for newly arrived families. The program identifies and screens families for relevant programs and makes service connections to programs like Care for Kids, Maryland Health Connection, and Food is Medicine.

The Primary Care Coalition launched PEP in November 2020 with funding from the Greater Washington Community Foundation and Morris and Gwendolyn Cafritz Foundation. By the end of 2021, the program had served nearly 500 families. After the initial pilot period (November 2020 through March 2021) PCC secured a grant from the Maryland Community Health Resources Commission to continue the program.

In FY22, the County Council added two positions for the Point of Entry Program (PEP) to the CFK budget as supplemental funding to support unaccompanied minors. The funds appropriated by Council in FY22 will enable the program to add capacity in the form of two additional CHWs. Recognizing that children and their families will continue to arrive in Montgomery County until major geo-political changes occur to stem the flow of migration from Central America, we recommend that the 2.0 FTE PEP positions become permanent.

### **Maternity Partnership (Level)**

Approve the County Executive's recommendation to retain funds in the Maternity Partnership Program to allow for program redesign using funds that will be freed up as the Healthy Babies Equity Act goes into effect (anticipated some time in FY24)

**Nurse Family Partnership.** Establish Evidence-Based Home Visiting Model (Nurse Family Partnership) in the Area Health Centers to serve all first-time moms. This would position the Health Centers to be eligible for Medicaid billing and other State and Federal funding.

**Enhanced Pre-Natal Dental Access.** Improve access to dental services for pregnant women by hiring a bilingual Community Health Worker (CSAIII) and a bilingual part-time Dental Hygienist to



work exclusively with maternity patients. The Community Health Worker will serve as a Maternity Dental Liaison to provide personal one-on-one support to ensure that the pregnant women get into and stay in dental care services.

**Screening for Social Determinants of Health and Navigation to Services.** Establish a MCH Screening Team to equitably triage all pregnant women enrolled in Medicaid and refer to appropriate DHHS and Community Based programs. Hire a Maternal Child Social Worker to help support nursing and health worker staff with patients with high-risk social needs including homelessness, substance abuse, intimate partner violence.

### **\$60,000 Pediatric Specialty Dental (In Partnership with Care for Kids)**

The referral of pediatric patients for operating room care is both complex and challenging. Few providers accept these complex and high-cost cases resulting in significant access to care gaps for children with specialty dental needs. Additional funds for pediatric specialty dental will facilitate greater access to complex specialty dental care for children.

### **\$232,900: Adult Specialty Dental Capacity**

The Montgomery County Public Health Dental Program has faced challenges in coordinating specialty dental treatment for patients due to complexities of care coordination and navigation to services. Adding capacity for specialty dental care within the Dental clinics is proposed to reduce the wait time for patients in need of specialty services. Among patients needing oral surgery has a waiting list of 5-6 months. The addition of a full-time oral surgeon will have significant impact in reducing the waiting time for oral surgery patients, reducing the referral of patients to private practices along with reducing the potential for infections associated with cases requiring surgical intervention. There is also high demand for endodontic specialty care. The status of patients needing root canal therapy has an in-house waiting time of 1-2 months.

- \$194,000 for 1.0 FTE oral maxillofacial surgeon
- \$ 38,900 for 0.2 FTE endodontist

### **Montgomery Cares Psychiatric Consultation (Approve CE Proposed Budget)**

Psychiatry Consultation services are provided to Montgomery Cares patients through the collaborative care behavioral health program. The PCC's behavioral health staff and patients' primary care physicians form a care team embedded in the primary care setting. These teams consult with a psychiatrist to support medication titration when appropriate. This approach provides an efficient and cost-effective way for MCares patients to receive psychiatric services at a level appropriate for a primary care setting. This County Executive included funds in his proposed budget for continued access to psychiatric services for Montgomery Cares patients through a collaborative care model.

### **\$95,600 (salary, fringe, and IDC): Behavioral Health Therapist**

The MCBHP has experienced an increase in patients in need of long-term therapy (patients experiencing PTSD, schizophrenia, etc.). Referrals from hospitals or crisis centers often indicate diagnoses other than anxiety or depression that require a need for a higher level of care. In the past, behavioral health case managers were able to refer to the DHHS Behavioral Health Program for these services, but DHHS has not had capacity for referrals in recent years. A 1.0 FTE MCBHP therapist would provide a dedicated referral source for the healthcare safety net and allow for quicker and efficient clinical information sharing among the Montgomery Cares care team. An MCBHP therapist would provide long-term care for patients and



allow behavioral health case managers to focus on patients needing short-term therapy, evaluations, and case management.

### **\$250,000: Adult Immunizations**

Provide adequate funding for adult immunizations which are a cornerstone of public health. Never before has the importance of vaccinations been clearer. While the availability of public funds has ensured ready access to Covid-19 vaccination and boosters for all residents, the same is not true for Flu, Pneumonia, Shingles, Hepatitis, and other vaccine preventable illnesses. Historically, the Montgomery Cares Community Pharmacy formulary has provided only limited immunizations for items like seasonal flu, leaving much of the population without essential immunizations. In FY19 and FY20, incremental increases were made to increase the Community Pharmacy budget to include Pneumococcal Pneumonia and Diphtheria, Tetanus, Pertussis (TDAP) immunizations. At that time the formulary was expanded to enable clinics to procure the immunizations most needed for their patient populations; however, sufficient funding levels were never reached to provide the core set of adult immunizations as recommended by the CDC. Additional funding would enable clinics to order sufficient immunizations to cover their populations rather than prioritizing among the six, which are:

- Pneumovax 23 and Prevnar 13 (Pneumococcal Pneumonia)
- Adacel (Diphtheria, Tetanus, Pertussis)
- Vaxta-A Adult PFS (Hep A)
- Recombivax HB (Hep B)
- Zostavax (Varicella Zoster)
- Tubersol (Tuberculosis PPD test)

### **\$90,000: Quality Assurance & Patient Experience**

From its inception, Montgomery Cares has been about more than just providing needed health services: it is about providing them well! The organizations participating in Montgomery Cares are committed to improving the quality of health care available to low income, uninsured community members, and documenting how the health status and standard of services available to those community members has improved. Independent on-site quality assurance reviews are essential to making sure that the Montgomery Cares safety-net providers continue to deliver high quality services. Funding allocated for these reviews of the administrative, financial, and clinical standards has not been part of the program base budget which leads to intermittent review cycles often extending beyond the recommended two-to-three-year gap. This request is to add funding to the base budget to ensure consistent completion of quality audits. Quality Assurance audits will be performed in the summer of each year with half of participating clinics receiving their audit at the end of the FY and half at the beginning of the following FY. The budget for a single fiscal year is \$40,000 but all clinics would undergo reviews in the same timeframe and remain on the recommended gap of two years between review cycles.

In addition to third party audits of clinic operations, it is essential to measure and monitor patients' satisfaction with services provided by the Montgomery Cares program. While all participating clinics conduct satisfaction surveys and report results to the Primary Care Coalition, the survey instruments are not uniform, and the surveys are specific to clinic services alone and do not touch on other aspects of program experience which range from application and eligibility determination to treatment for a specialty condition. We propose to administer patient experience surveys to a random sample of patients enrolled at participating clinics throughout the year in order to monitor and evaluate the experience of



Montgomery Cares patients; and to identify and address any areas where Montgomery Cares is failing to provide an excellent patient experience of care.

- \$50,000 Patient Experience Surveys
- \$40,000 Quality Assurance Audits

### **\$1.2M Eligibility and Enrollment Data System**

Create a data system that will facilitate information sharing among community-based organizations, health centers, and the Office of Eligibility and Support Services (OESS) to streamline the Montgomery Cares eligibility determination process. The MCAB recently submitted to the DHHS recommendations on eligibility policies and processes. This eligibility and enrollment data system will be essential for the DHHS to implement the policy and process recommendations of MCAB. The eligibility and enrollment data system will be a single, centralized data system that moves application assistance and eligibility determination into the community at the point-of-care in the clinics and across select community-based organizations. The portal will serve as the eligibility and enrollment system for individual Montgomery Cares clinics and select community-based organizations to accept and process applications & make eligibility determinations real-time. The data system will first be used by the Montgomery Cares program and then rolled out across Healthcare for the Uninsured programs in subsequent years.

## **Who We Are**

This advocacy agenda is the result of a collaborative and deliberative process among three organizations that advocate jointly for the shared goal of achieving access to high quality and affordable health care for uninsured and underinsured residents of Montgomery County. The joint advocacy group, referred to as Troika, assembles members representing the Health Clinic Leadership Council (HCLC), the Montgomery Cares Advisory Board (MCAB) and the Primary Care Coalition (PCC) for the purpose of informing the elected officials (County Executive and County Council) of Montgomery County, Maryland of the shared priorities for the programs that serve medically uninsured and medically underinsured residents of the County. TROIKA may also inform members of the community at large and other stakeholder groups regarding the concerns and challenges that impact our shared population and programs.



## APPENDIX B

### Mongomery Cares Progam: FY22 Annual Repot Key Highlights

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#### FY22 Program Performance:

##### Utilization:

- Clinics served 21,940 patients in 52,261 encounters, an 11% increase in unduplicated patients and a 2% decrease in encounters from FY21.
- Clinics spent 95% of the FY22 budgeted amount for encounters.
- Encounter ratio: 2.38, a 11.9% decrease from 2.7 ratio in FY21.

##### Capacity:

- The network remained intact with 10 clinics.
- One clinic temporarily stopped seeing patients due to a flood affecting the clinic.
- Wait times for established and new patients fluctuated due to Covid-related staff reductions.
- Nine clinics accept Medicaid, eight clinics accept Medicare, seven accept commercial insurance.

##### Services:

- The demand for specialty care, oral, and behavioral health services continue to exceed supply.

#### Patient Demographics:

- 70% of patients report income below the Federal Poverty Level.
- 77% of patients are between 30-64 years of age.
- 69% of patients are Female.
- Patients speak 64 languages, 77% speak Spanish.
- 78% of patients identify as Hispanic/Latino.

#### Quality and Clinical Services

Breast and Cervical Cancer Prevention (BCCP) grant from MD Department of Health to improve screening, diagnosis and navigation services.

- Grant renewed for FY24
- Served 1,870 women

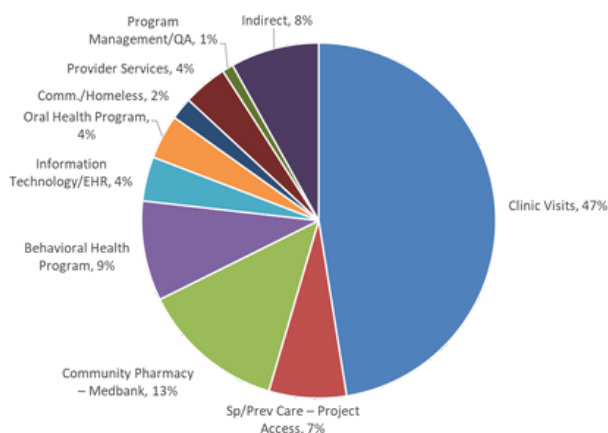
QHIC guest speakers on clinically relevant topics including:

- Value Based Care Transformation
- Ending HIV epidemic in Montgomery County
- CDC Infection Control and Virus Basics “Project Frontline”



## Montgomery Cares FY22 Expenditures

Clinic Visits	47%
Sp/Prev Care – Project Access	7%
Community Pharmacy – Medbank	13%
Behavioral Health Program	9%
Information Technology/EHR	4%
Oral Health Program	4%
Comm./Homeless	2%
Provider Services	4%
Program Management/QA	1%
Indirect	8%
<b>Total Expense</b>	<b>100%</b>



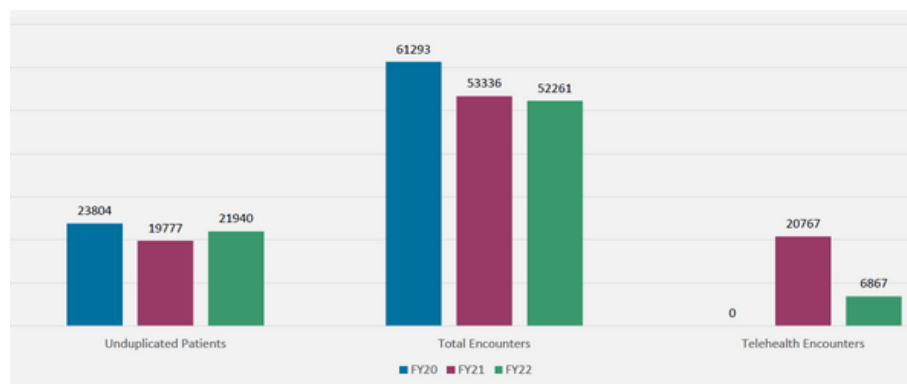
<b>FY2022 Budget</b>	<b>\$12,092,207</b>
<b>FY2022 Actual</b>	<b>\$11,304,346</b>
<b>Excess Returned to Montgomery County</b>	<b>\$787,861</b>

## FY22 Patients and Encounters

Year to Date	FY22 Unduplicated Patients			FY22 Encounters			Reimbursement
Clinic	Projected Patients	Unduplicated Patients	% of Projection	Projected Encounters	YTD Encounters	% of Target Met	MCares Payment \$76.50/Visit
Catholic Charities Medical Clinic	1,628	1,011	62%	2,440	2,908	119%	\$222,462.00
CCACC-PAVHC	350	281	80%	800	695	87%	\$53,167.50
Community Clinic, Inc.	4,730	2,689	57%	8,988	4,950	55%	\$378,675.00
CMR - Kaseman Clinic	1,300	775	60%	3,300	2,071	63%	\$158,431.50
Holy Cross Health Centers	7,365	6,908	94%	14,730	10,968	74%	\$839,052.00
Mary's Center	1,280	800	63%	3,541	2,243	63%	\$171,589.50
Mercy Health Clinic	2,050	1,850	90%	7,200	5,789	80%	\$442,858.50
Mobile Med	3,535	2,677	76%	13,464	10,828	80%	\$828,342.00
Muslim Community Center Medical Clinic	2,000	1,040	52%	5,600	2,473	44%	\$189,184.50
Proyecto Salud - Wheaton & Olney	4,680	3,909	84%	14,040	9,336	66%	\$714,204.00
<b>Medical Clinic Totals</b>	<b>28,918</b>	<b>21,940</b>	<b>76%</b>	<b>74,103</b>	<b>52,261</b>	<b>71%</b>	<b>\$3,997,966.50</b>
<b>Montgomery Cares FY22 Budget</b>	<b>28,000</b>		<b>78%</b>	<b>72,000</b>		<b>73%</b>	<b>\$5,508,000.00</b>

- The clinics spent 95% of the FY22 budget for encounters.
- Block Payment Reimbursement: \$5,236,324.50

## Montgomery Cares Utilization FY20 –FY22



## Montgomery County County Medbank

Category	Q1	Q2	Q3	Q4	FY22 YTD	FY21 YTD	FY20 Total
Value of Medications Received	\$1,548,820	\$1,574,308	\$1,471,069	\$1,872,127	\$6,466,324	\$5,773,941	\$6,122,234
Applications Processed	752	733	745	1,089	3,319	2,833	3,171
Active Patients	1,168	1,194	1,213	1,259	1,259	1,197	1,179
New Enrollees (captured in active patient volume)	38	31	58	68	195	203	246

- Approximately 10.5% increase in medication value received
- 15% increase in applications processed
- 5% increase in active patients throughout the Fiscal Year



## Project Access Specialty Care Utilization

### In FY22, Project Access:

Received 3,430 referrals

- 2,596 appointments kept or confirmed (underreported pro bono visits)
- 2,081 Montgomery Cares appointments
- 45 Care for Kids appointments
- 307 Holy Cross or Adventist funded appointments
- 163 appointments attributed to Preventative Services or Maryland Cancer Fund

Served 627 unique patients

- 711 referrals returned
- 34 patients referred to other programs (e.g., CCHCN, state funded screening/treatment)

### Project Access Specialty Care Network Challenges

#### Specialty Care Network

- Some paid and pro-bono specialists have discontinued their relationship with the program
- Recruitment challenges
- Specialty Care demand increasing, availability of specialists and available appointments decreasing
- Long wait times for care

#### Oncology Care

- Demand for oncology continues with limited funds and specialists to support oncology care and treatment

#### Dialysis

- Request has been made to PCC about developing a way to better serve our undocumented dialysis patients.

#### Staffing Challenges

- Continuing administrative burden and additional support needed with client support services

### Project Access Specialty Care Activities

- Recruited AmSurgambulatory surgery centers, a general surgeon, and a rehab facility.
- Expanded services with 2 current specialists to provide EMG studies –a previous hard to recruit diagnostic study provider.
- Increased provider reimbursement to support retention.
- Hired a full-time nurse to assume all clinical coordination.
- Held the Annual Referral Coordinators training in September and outlined the referral process from start to finish.
- Continuing quarterly Referral Coordinator meetings.
- Created report function for clinics to pull their own referral data for internal QI management.
- Continued collaboration with Catholic Charities.
- Continued support from Holy Cross Health (\$125,000) and Adventist HealthCare (\$100,000) Grants; Includes patients who are residents of Prince George's County and those who require urgent specialty care post-hospitalization.
- Participated in preparing proposal for a network adequacy study.
- Initiated huddles with clinics to improve collaboration and patient coordination. Montgomery Cares.
- Collaborating with QHIC and clinic manager to support coordinating care timely & efficiently.
- Updated the safety net clinic contract section for specialty care to reflect reviewing returned referrals on a quarterly basis.
- Leveraged Pro Bono & State Services:
  - ~\$160,000 approved Maryland Cancer Fund grants
  - In-hospital donated services (606,984.92)
  - Outpatient donated services (\$261,405)
  - Total amount of donated services (868,389.92)



## Montgomery Cares Behavioral Health Program (MCBHP)

### Quality Assurance:

- Chart audits were completed for all new staff members, including psychiatrist.
- Holy Cross Health Centers transitioned to a new electronic health record (Epic). MCBHP staff worked with Holy Cross to develop behavioral health documentation best practices and flow. Director and Supervisory Care Manager completed a chart audit for MCBHP staff using Epic.

### Quality Improvement:

- MCBHP Policy and Procedure Manual, originally completed in 2016, was updated and copies were provided to all MCBHP staff and partner sites.
- Director, Consulting Psychiatrist, and Psychiatric Services Coordinator started meeting regularly to improve psychiatry services and family medicine and psychiatric resident programs.
- Community Health Nurse at Adult Behavioral Health (ABH) presented to MCBHP staff on best practices in referral to and from ABH and the MCBHP. This referral flow allows ABH to refer patients who can be managed by the MCBHP, which frees up spots for patients with more severe or acute needs to get services at ABH. In turn, this allows MCBHP to refer patients to ABH who have needs exceeding the MCBHP (when ABH capacity allows).
- Earlier in the year, safety net and MCBHP staff shared they were getting several referrals from local hospitals for patients with psychiatric needs exceeding the scope of primary care. Director has met with several staff of psychiatric hospitals/units in the county. She discussed the scope of services of the MCBHP and discussed any ways safety net clinics can better communicate with hospitals. Team members have shared that the discharge situation has improved greatly.

### MCBHP Operations and Staffing Updates

- Partnership continues will continue in FY23 with Medstar Georgetown to provide collaborative care psychiatry services.
- Care Manager at MCC Clinic/Proyecto Salud Olney left in July 2021. A new Care Manager (a former intern with the MCBHP) was hired in September 2021.
- 2 Care Managers went on maternity leave in June 2022.
- 3 Care Managers completed requirements for full clinical licensure.
- For most of the year, services have been provided both in-person and virtually (both audio and audio-visual) telehealth.
- Care Managers facilitated a virtual “Winter Blues” support group, which was well-attended

## MCBHP FY22 Challenges

- Patients have expressed anxiety about current events: shooting in Uvalde, Texas; war in Ukraine; COVID spikes; and inflation.
- Community providers and some staff at the safety net share they are having a lot of trouble connecting Afghan refugees to services due to waitlists, language limitations at small community providers, and complications with Medicaid status.
- MCBHP staff and community partners report an increase in referrals, and that patients referred often have very acute needs.
- While the MCBHP has been fully staffed for most of the year, many partner agencies have not, and staffing shortages plus increased demand has made it difficult to refer patients to outside services when needed, especially for patients with intensive psychiatric needs.
- Staffing shortages in administrative and clinical roles at the clinics (such as nurses, front desk staff, etc). Have led to MCBHP staff needing to spend more time with patients navigating clinic services.
- Many staff and patients were sick with COVID-19, and some patients have reported long-hauler symptoms.
- MCBHP team mentions starting to see more newly arrived young adults who have experienced a lot of trauma on their journey to the United States.



## eClinicalWorks Updates

Routine eCW upgrades have led to the introduction of new features in the system. These will be implemented over the next year.

- PRISMA introduces a new eCW integrated patient health information search engine. This allows providers to access their patients' health records from other practices if the patient consent to this information being shared. This will expand on the existing access to CRISP to health information from outside of the state of Maryland.
- eCW Dental documentation is being activated in the coalition instance of eCW. This will lead to our system being more of a complete record of all patient health data.
- The eCW National Conference takes place October 7-9 2022. The Provider Services team will be monitoring releases associated with the conference about new features that can be explored as options in the near future.
- Provider Services Team are actively working with a new Strategic Account Manager at eCW in order to improve communication and develop more efficient workflows in order to better meet technical needs of the clinics.
- Numerous bug fixes have been implemented to promote a better UI experience and provide a more functional and intuitive means of data collection, management, and workflow.
- Clinics are to continue shifting towards use of the cloud based version of the system to have access to the most up to date resources in eCW. Future planned upgrades intend to expand on this version and provide further new features.
- Provider Services staff are continuing to update training materials for the cloud based version of the system as well as new training guides specifically for super users covering some clinic administrative functions.

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### Montgomery Cares System Transformation

- In FY22, PCC continued to support DHHS's plan to implement a value-based care reimbursement model for the Montgomery Cares program
- PCC developed a plan for Phase 1, enrollment and empanelment, with roles for PCC, OESS and the clinics
  - Shared with VBC workgroup
  - Shared with MCAB
- DHHS requested that PCC develop standardized definitions and an assessment tool for Phase 2, PCMH attestation, which will be completed in early FY23

### Montgomery Cares System Transformation Challenges

- Year three of diminished encounters during pandemic
- Reduction of pro bono and insufficient specialists to meet specialty care
- Planning for Omicron variant wave of COVID-19 and Monkeypox virus
- Insufficient resources to address the growing demand for Behavioral Health Care services
- Health and social services workforce burnout and recruitment challenges
- Continued implications of telehealth (state policy for payment parity sunsets at the end of FY23)
- Network infrastructure in preparation for VBC transformation and empanelment



# APPENDIX C

## Care For Kids Program: FY22 Annual Report Key Highlights

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### Brief Program Description:

The Care for Kids Program (CFK) ensures that children living in Montgomery County have access to primary and specialty health care services. This program serves children who do not qualify for the Maryland Children's Health Program (MCHIP) or Medical Assistance and whose families have incomes under 250% of the Federal Poverty Level. CFK is a partnership among the Primary Care Coalition, Montgomery County DHHS, School-Based Health and Wellness Centers, Kaiser Permanente, non-profit clinics, and private health care providers.

### Program Responsibilities:

- Enroll new children in the Care for Kids program.
- Enroll children within 30 days of receiving eligibility notification from the OESS.
- Recertify 100% of CFK children who continue to be eligible for the program.
- Provide case management services for children and their families requiring assistance with special or complex medical and social needs.
- Provide access to prescribed medications for all children enrolled in the program.
- Provide information about dental services through the DHHS dental clinics for all children enrolled in Care for Kids.
- Manage referrals for specialty dental care.
- Manage referrals for optometry, orthopedic care, and behavioral health as well as support for accessing specialty care when requested by the primary care provider.
- Conduct outreach through partnerships and participation in community activities such as health fairs, school meetings and others.
- Prioritize enrollment of children in Montgomery County School-Based Health Centers as SBHC capacity permits.
- Enroll children in need of specialty medical care services in the DHMH Children's Medical Services program (CMS).

### FY22 Progress:

Overall, the CFK program served 7,903 children and had an average monthly enrollment of 4,847.

New Children Enrolled: Care for Kids staff contacts parents and completes the enrollment process for all eligible children. When necessary, staff will make several attempts to contact the parents until they succeed. The CFK Program receives notice of CFK-eligible children in a list of certification referrals from the DHHS Office of Eligibility and Support Services (OESS). This year, CFK enrolled the following number of children.

- In FY22, the CFK staff enrolled 2,369 children. This represents an increase of 235% from FY21.
- Of the total, 2,043 (86%) new children were enrolled within 30 days.

CFK Children Re-Enrolled: Every two years, families must recertify their eligibility for CFK with OESS. In FY22, the CFK staff re-enrolled 1,552 children. This represents an increase of 40% from FY21.

- The program has two years eligibility. The policy change became active on July 1, 2018 (FY19).
- Children may become ineligible for CFK each year if their family income rises above 250% FPL or if they reach 19 years old.

### Case Management:

- Currently, CFK provides case management for children requiring specialty or ancillary health care services or pharmacy services. During this year interactions were held primarily by phone.
- Care for Kids provided case management to 1,912 children (unduplicated) requiring assistance either with specialty services or with interventions related to their primary care services. During the pandemic there was an increased number of requests to access Manna Food Center services.

Short-term case management, requiring limited follow-up, helps families obtain services such as optometry, routine medication authorization, or ancillary care services.

Physical therapy after orthopedic treatment is the most frequently requested ancillary service.

- In FY22, 1,745 children received short-term case management.



### Dental Information and Services

Oral health maintenance and access to specialty dental services are critical to maintaining overall health. All new enrollees receive information about access to dental services through the DHHS Dental Clinics. Care for Kids children have access to dental care for a co-pay of \$10 per visit regardless of the services provided. CFK maintains service provider agreements with general and specialty dentists willing to accept Medicaid payment rates to provide extensive, complex, or urgent oral health care.

- One hundred four (104) children received a CFK referral to receive specialty dental services offered through private pediatric dentists, general dentists, endodontists, and oral surgeons.

Optometry: Visual acuity is essential to learning and healthy growth.

In FY22, CFK nurse received 834 referrals for optometry services, and 732 were referred for services.

- 490 (67%) children received eye exams, and out of these children, 422 (86%) obtained glasses through Care for Kids.

**Specialty Referrals:** The Care for Kids Nurse Case Manager processes referrals and provides follow-up care coordination and case management. A CMS Specialty Care Coordinator, funded by the state, works at PCC with CFK staff to manage care for children with chronic specialty care needs served by the state CMS program.

- CFK primary care physicians submitted 956 referrals for medical specialty services. The following is an overview of the 956 referrals received: 40 (4%) orthopedic referrals for children requiring immediate attention; 13 (1%) Catholic Charities Health Care Network (CCHCN) referrals for specialty care services (mainly dermatology); and Project Access assisted with 59 (6%) podiatry and dermatology referrals. It is noteworthy that all orthopedics services provided during FY22 were under the Project Access Program since CFK did not have a contracted orthopedic provider during this fiscal year. Detailed breakdown of specialties and programs listed below.
- There were forty-seven (47) children and adolescents referred to DHHS or other behavioral health services.
- The CMS specialty care coordinator processed 430 applications and scheduled 337 appointments with specialty providers.
- Additionally, the CMS specialty care coordinator provided case management to 132 continuing and new children from Montgomery County and 15 children from Prince George's County.

**School-Based Health Centers:** During FY22, children assigned to School-Based Health Centers access health care services at other providers during closure.

**Client Satisfaction Survey:** Care for Kids staff contacts participants' families by phone upon re-enrollment to assess client experience with their assigned clinic/provider. We also ask about Care for Kids customer services and program enrollment process.

- 99% of respondents were satisfied with both their provider.
- 96% of respondents were satisfied with the CFK processes.
- 100% of the respondents would recommend the program to friends and families.

The demographic report is available from pages 17 to 20 on the following pages provides detailed information on the population served.

### Outreach Initiatives

- The Care for Kids program increased efforts to inform low-income parents and families about ways children can access health care and how to keep program health care coverage. Care for Kids conducted outreach through phone, and email inquiries and virtual and in-person presentations to clients, providers, and community organizations.
- The CFK Director continues participating in workgroups established to respond to the increase of unaccompanied migrant children and asylum-seeking families in this area. One of the workgroups is the initiative "Bienvenidos – Aquí para ti." The initiative is a joint effort between Montgomery County Government, Montgomery County Public Schools, and community service providers.
- Also, the Montgomery County Children's Fleeing Violence workgroup with the Montgomery County Public Schools. Care for Kids increased outreach through these workgroups and improved communication and collaboration with other organizations in Montgomery County and the metropolitan area.



## Successes

### Staffing

- In response to the high volume of enrolled children in the program, two new positions were awarded to the CFK program. The Client Services Specialist provides enrollment services to eligible children and Care for Kids Referral Specialist provides care coordination for CFK participants.

### Utilization of Services - Telehealth

- CFK providers continues to have telehealth visits available to allow the continuation of medical and behavioral health care to CFK participants.

### Behavioral Health – Caring for the Whole Child Project

- During FY22, caring for the Whole Child continued providing access to integrated behavioral health services within the primary care setting to CFK children assigned to participating clinics. These clinics include Mary's Center, Catholic Charities, Holy Cross Health Center located in Germantown, and CCI Health and Wellness Center. During FY22, this project provided 306 behavioral health visits to 77 CFK children. The project also continued providing substance abuse treatment to four children. The services had been provided to participants by telehealth and in person visits.
- PCC continue distributing behavioral health patient and family education materials in English and Spanish. Materials were also mailed to CFK participants as part of their enrollment packets.

### The Point of Entry Project

- The Point of Entry Project (PEP) is a collaboration with Montgomery County Public Schools International Admission and Enrollment Office (MCPS-IAE) to assist newly arrived children enrolling in schools. The project assesses families to determine their needs focusing on health care coverage and food assistance. The Community Health Coordinator provides assistance and referrals to resources.
- At the end of FY22, the project received additional funding from the Montgomery County County Council and the Department of Health and Human Resources to recruit two additional Community Health Workers.

### Current Staffing Plan:

- **Director of Client Services Operations** – This position is responsible for implementing the program, including day-to-day management of enrollment, discharges, and referral and case management services. The Director supervises CFK staff and oversees CFK workload making staff assignments and work adjustments as necessary and appropriate, projects spending requirements and develops and monitors budgets for Care for Kids contracts and grants. This position anticipates and plans for future program needs and prepares reports required by PCC and DHHS.
- **Registered Nurse Case Manager** – The case manager is responsible for providing clinical case management services for children in Care for Kids program, including assessment of children and their families with complex health and social needs. The case manager also coordinates specialty care referrals for these children and makes referrals to community services as needed.

## Challenges

### Newcomers Children:

- During FY22, Care for Kids continued experience a high volume of eligible children enrolling in the Care for Kids Program.
- Care for Kids (CFK) enrolled 1,999 children from the recent immigration influx of unaccompanied minors and asylum seekers to the country and county. This represents 84% of CFK's newly enrolled children in FY 2022. It was increase of 282% from FY21.

### Specialty Dental Care:

- During FY22 Care for Kids program, there were fewer specialty dentalcare needs among CFK children. DHHS Dental Clinic referred only 104 for specialty dental care. One of the program's limitations is the inability to provide dental services for children deemed ineligible for dental treatment at the surgical center.
- The surgical center team identified these children as having extensive medical needs that are better treated in the hospital setting. Once the CFK nurse receives the information, it is referred to the DHHS Dental Hygienist for follow-up.

### Specialty Care:

- During FY22, the specialty care resources for uninsured children remain limited. The demand for specialty services such as dermatology is higher than the supply available under Project Access Program and Catholic Charities Health Care Network, resulting in higher waiting times for specialty services.
- Other specialties like orthopedics rely only on one provider through Project Access to treat some CFK members' acute injuries. Additionally, it has been an increase in the number of children under five in need of optometry services. The CFK's current contracted optometry practice provides services to children six or seven years old and over.



- **Client Services Supervisor** – The coordinator is responsible for coordinating the enrollment activities and providing direct referral management services information and community resources, to ensure that eligible children have access to primary health care. The coordinator makes daily assignments to the Client Services Specialists and coordinates outreach events to promote the program.
- **Client Services Specialist (3 FTEs)** – These individuals are responsible for providing high quality enrollment services to eligible children and families in a timely manner. The Client Services Specialists respond to all client calls and requests for assistance and participate in outreach activities to increase program visibility in targeted communities.
- **Children Medical Services (CMS) Specialty Care Coordinator** – The specialty care coordinator supports children who qualify for this program by coordinating care with providers and ensuring that families receive adequate information related to the health care needs of the child. The coordinator ensures that there is appropriate coordination with and linkage to Care for Kids and social services. (This position is covered by Maryland state funds.)
- **Contracts and Payable Administrator** – This position is responsible for Care for Kids invoicing, billing, and contracting processes, as well as ensuring contract compliance.






# Administration and Support

## RECOMMENDED FY24 BUDGET

\$70,502,576

## FULL TIME EQUIVALENTS

181.19

 JAMES BRIDGERS PH.D., MBA, ACTING DIRECTOR

## FUNCTION

The function of Administration and Support Services is to provide overall leadership, administration, and direction to the Department of Health and Human Services (DHHS), while providing an efficient system of support services to ensure effective management and delivery of services.

## PROGRAM CONTACTS

Contact Jason Rundell of the HHS - Administration and Support at 240.777.1685 or Deborah Lambert of the Office of Management and Budget at 240.777.2794 for more information regarding this department's operating budget.

## PROGRAM DESCRIPTIONS

### Admin - Office of Community Affairs

This program oversees, supports, and implements the mission of the Office of Community Affairs, which is to lead the development of equitable and inclusive health and human services systems that are responsive to racial/ethnic and economically disinvested communities. This Office takes a global view of equity and inclusion that transcends the mandate of individual service units and offices to ultimately drive for systems change.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>384,052</b>	<b>3.00</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(100,859)	0.00
<b>FY24 Recommended</b>	<b>283,193</b>	<b>3.00</b>

### Admin - Office of the Chief Operating Officer

This Office oversees the administrative services that support direct service delivery and the day-to-day operations of the Department: including budget development and expenditure analysis; management of the Department's fiscal operations including payments, medical billing, Federal claiming, and State financial reporting; contract management; logistics and facilities support; information technology support and development; grant acquisition; and oversight of compliance activities such as internal audits and coordination of external audits. The Office also oversees the implementation of Department-wide policies and procedures for



the Head Start delegate agency and the Department of Health and Human Services provides health services to eligible Head Start children through the School Health Service program.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of children in full-day program	540	540	540	540	540
Percent of children in full-day program	83%	83%	83%	83%	83%
Percent of Head Start eligible children served by the Montgomery County Head Start Program	41%	41%	41%	41%	41%
Percent of 3-year olds with demonstrated school readiness <sup>1</sup>	71%	75%	75%	75%	75%
Percent of 4-year olds with demonstrated school readiness <sup>2</sup>	81%	84%	85%	85%	85%

<sup>1</sup> The FY21 program year began as a virtual learning platform. The child assessment--reduced from 16 early learning Skills, Knowledge, and Behaviors (SKBs) indicators--was modified to focus on four indicators of learning under the math and language and literacy domains. The increase in percentage points from FY21 to FY22 was due to returning to in-person instruction where all domains of learning were assessed. In FY23, FY24, and FY25, projections for children demonstrating school readiness skills remain consistent as the delegate agency, MCPS, transitions to a new curriculum with increased rigor for children's learning.

<sup>2</sup> The FY21 program year began as a virtual learning platform. The child assessment--reduced from 16 early learning Skills, Knowledge, and Behaviors (SKBs) indicators--was modified to focus on four indicators of learning under the math and language and literacy domains. The increase in percentage points from FY21 to FY22 was due to returning to in-person instruction where all domains of learning were assessed. The increase in percentage points from FY21 to FY22 was due to returning to in-person instruction where all domains of learning were assessed. In FY23, FY24, and FY25, projections for children demonstrating school readiness skills remain consistent as the delegate agency, MCPS, transitions to a new curriculum with increased rigor for children's learning.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>4,766,440</b>	<b>2.80</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	129,621	0.00
<b>FY24 Recommended</b>	<b>4,896,061</b>	<b>2.80</b>

## Minority Programs

The three minority programs - the African American Health Program (AAHP), the Latino Health Initiative (LHI), and the Asian American Health Initiative (AAHI) - support Department-wide efforts to eliminate disparities in delivery of health services and others and continue to achieve equitable delivery of population-targeted programs and services. The knowledge, expertise, and experiences of incumbent personnel in racially, ethnically, and linguistically diverse communities informs Department-wide program, policy, and budget decisions.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of individuals served by the Minority Health Initiatives & Program <sup>1</sup>	28,920	65,983	81,400	81,400	81,400
Percent of clients satisfied with services provided by the Minority Health Initiatives & Program <sup>2</sup>	97%	96%	95%	95%	95%
Average percent of respondents who expressed increased confidence due to community capacity building activities <sup>3</sup>	N/A	90%	90%	90%	90%
Average percent increase in wages from time participants entered program until hired as health professionals	169%	134%	150%	150%	150%
Percent of clients who improved A1C blood sugar level test at 3-month follow up (diabetes management/prevention) <sup>4</sup>	96%	97%	85%	85%	85%

<sup>1</sup> The FY22 actual figure is higher than FY21 because FY21 reflects activities conducted under full COVID restrictions. During the pandemic, in-person outreach events were limited and only some of them transitioned to virtual events. In addition, some regular activities of the minority programs were put on hold since most of their staff were deployed to support the County COVID-19 response. During FY22, regular activities/events began to be reactivated. The FY23 projection is higher because the minority programs are currently conducting outreach events at the level and manner as they were pre-COVID.



<sup>2</sup> With the transition of some in-person outreach events to virtual, some changes occurred in the process to collect data related to client satisfaction. Surveys are now collected electronically, and the decrease can be related to this new process. The target level of satisfaction is 95%, and the programs always surpass this target.

<sup>3</sup> This is a measure tracked by the Asian American Health Initiative (AAHI). Historically, AAHI had set the projection at 85% for the past fiscal years. For FY23, department staff worked with the AAHI to align prior data with projections. Respondents are Asian American community members from community- and faith-based organizations who attended an AAHI community capacity building activity and responded to the evaluation question about increased confidence.

<sup>4</sup> The above measures and standards are set in accordance with those determined by the Association of Diabetes Care and Education Specialists (ADCES), Diabetes Self-Management Education (DSME), and the Centers for Disease Control Prediabetes Prevention Program (CDC DPP) to maintain the African American Health Program's (AAHP) accreditations and to achieve the outcomes set within the guidelines/requirements by the governing organizations for a qualified diabetes prevention education and management program. AAHP will continue to aim to achieve higher percentages internally than the projected and raise its internal projected targets.

FY24 Recommended Changes	Expenditures	FTEs
<b>FY23 Approved</b>	<b>13,052,234</b>	<b>26.00</b>
Enhance: Latino Health Initiative Steering Committee Request for Non-clinical Emotional Support Groups and Additional Community Health Promotion Services	952,545	0.00
Enhance: African American Health Program to Increase Community Outreach, Support Maternal and Child Health, and Seniors	800,000	0.00
Enhance: Asian American Health Initiative Request for Increased Healthy Community Grants and Center of Excellence Micro-grants	775,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	481,709	2.00
<b>FY24 Recommended</b>	<b>16,061,488</b>	<b>28.00</b>

## PROGRAM SUMMARY

Program Name	FY23 APPR Expenditures	FY23 APPR FTEs	FY24 REC Expenditures	FY24 REC FTEs
Admin - Office of Community Affairs	384,052	3.00	283,193	3.00
Admin - Office of the Chief Operating Officer	30,443,541	92.00	31,105,145	98.81
Admin - Office of the Director	11,194,497	27.00	10,917,792	31.38
Community Action Agency	5,511,985	14.20	5,978,595	15.20
Equity and Language Access	1,219,101	2.00	1,260,302	2.00
Head Start	4,766,440	2.80	4,896,061	2.80
Minority Programs	13,052,234	26.00	16,061,488	28.00
<b>Total</b>	<b>66,571,850</b>	<b>167.00</b>	<b>70,502,576</b>	<b>181.19</b>



# REQUEST FOR INCREASED FUNDING FOR ASIAN AMERICAN COMMUNITY GRANT OPPORTUNITIES



In the proposed budget submitted by County Executive Marc Elrich to the County Council, Mr. Elrich proposed an increase of \$775,000 for the Asian American Health Initiative's (AAHI) Fiscal Year 2024 budget. The AAHI Steering Committee (AAHI SC) fully supports the proposed increase by the County Executive.

As the Montgomery County Council deliberates on the FY2024 County Operating Budget, the AAHI SC hopes that we will get your support in approving AAHI's budget increase. This funding would increase two grant opportunities currently being offered through AAHI, the Healthy Communities Fund and the Asian American Center of Excellence Micro-Grants. More information about these opportunities and how the increased funding would be allocated, is provided below. In addition to the funding increase, the AAHI SC also requests the County Council to allocate additional staff to AAHI and to upgrade existing staff positions at AAHI to better reflect the more advanced work the program is taking on.

## HEALTHY COMMUNITIES FUND

This is the second year that AAHI has been able to offer grant funding to Asian American community- and faith-based organizations. In FY2022, AAHI was able to provide \$1M in grant funding to 11 nonprofits and community- and faith-based organizations to provide COVID-19 relief services. This funding had a monumental impact on the county's Asian American communities and resulted in programs and services that served 92,824 clients. We were grateful that the county's FY2023 operating budget included a 100% increase to AAHI's base budget, allowing AAHI to continue its grant funding activities in the Asian American communities through the Healthy Communities Fund.

The Healthy Communities Fund is a grant funding opportunity for Asian American and Pacific Islander (AAPI) community-based and faith-based organizations (CBOs and FBOs) to provide health and social support, behavioral health, and senior wellness services to the County's AAPI residents. In FY2023, AAHI awarded \$830,000 in funding to 10 CBOs and FBOs. Among the services provided from the grantees include mental health screenings, chronic care management for older adults, Youth Mental Health First Aid trainings, multiple in-language community helplines that offer service navigation, family caregiver trainings, primary care services including health screenings and lab work, senior wellness clubs, hot meals for vulnerable populations including recent refugees, and much more. While these services certainly provide County residents with needed support, it is not enough.

After the FY2022 COVID-19 Relief Fund, we knew that more work was needed. Unfortunately, the increase to AAHI's budget in FY2023 was not enough to match the needs in the community. Thus, we are pleased with the County Executive's FY2024 recommended increase of \$775,000, as it will enable AAHI to increase the Healthy Communities Fund from \$830,000 to \$1.5M. The AAHI SC urgently requests the County Council to recognize the unmet needs of vulnerable AAPI populations and ensure that the Healthy Communities Fund awards \$1.5M in FY2024 to local CBOs and FBOs.

## ASIAN AMERICAN CENTER OF EXCELLENCE MICRO-GRANTS

One of the requests the AAHI SC made in FY2023 was to provide funding to support capacity building of AAPI CBOs and FBOs. Given the diversity in the AAPI community, AAHI relies on our Asian American non-profit partners to effectively reach all segments of the Asian American community in a culturally responsive manner. The AAHI SC has close relationships with many of the AAPI CBOs and FBOs in Montgomery County and we know first-hand how they are struggling financially. Due to their limited resources, organizations often prioritize service provision and do not have adequate funding to institute good business practices, equip their team with the materials and skills they need, and grow their funding portfolios.



To respond to this need, AAHI recently launched their newest capacity building effort, the Asian American Center of Excellence (AACE). The goal of the AACE is to support AAPI-serving community organizations in developing and increasing their capacity to successfully provide health, wellness, and social support programs and services. The AACE is a premiere resource to Asian American community organizations to improve technical skills related to organizational sustainability, such as data collection and analysis, evaluation, program panning, and partnership building, among others. One of the services offered through AACE is micro-grants to AAPI-serving organizations to build organizational capacity.

This year, AAHI has granted 10 organizations \$71,000 in micro-grant funding for the purchase of equipment, professional development, and consultants. Due to the limited funding available, AAHI was only able to fund a subset of the request. In total, AAHI received 17 applications requesting over \$190,000 in funding.

For FY2024, the AAHI SC strongly urges the County Council to support the AAPI community and invest in our CBOs and FBOs by increasing the micro-grant funding to \$100,000. Having strong non-profit partners that can reach the diverse AAPI communities, and can serve more isolated and marginalized members, is an asset to the County.

### **FUNDING BREAKDOWN**

The AAHI SC intends to use the \$775,000 increase to the FY2024 AAHI base budget in the following ways:

Expense	Cost
Increase in Healthy Communities Fund community grants	\$670,000
Increase in Asian American Center of Excellence micro-grants	\$30,000
Administrative costs associated with grants increase	\$75,000
<b>TOTAL</b>	<b>\$775,000</b>

### **STAFFING**

The AAHI SC strongly believes that one of AAHI's major roles should be to facilitate the growth of AAPI community-based organizations. AAHI has been heading in that direction with the COVID-19 Relief Fund, Healthy Communities Fund, and Asian American Center of Excellence, and we hope to see more of these sorts of activities in the coming years. As AAHI's role and work shifts, it is critical that they have the appropriate staffing to support the new activities. AAHI's current staffing structure only includes two Program Managers, and all other positions are lower grade Program Specialists. To properly support capacity building work, AAHI needs more advanced positions. In particular, AAHI absolutely needs more Program Managers to ensure that the AAPI communities get the support they need and to ensure the County is able to scale up in its role as a capacity builder.

AAHI has done incredible work over the past few years with its existing staffing structure and has established itself through its community engagement efforts. However, as we look towards the future and as AAHI's portfolio expands to include more complex tasks, this change should be reflected in its staffing structure. Thus, the AAHI SC requests that another Program Manager I be added to AAHI's staff and for the Program Specialist I focusing on Behavioral Health be upgraded to a Program Specialist II. The new Program Manager I would be responsible for overseeing the AACE and all its activities including the AACE micro-grants. Behavioral health continues to be a significant unmet need within AAPI communities (it has been a focus of AAHI's since 2015). We hope that by upgrading the existing position that focuses on Behavioral Health, it will allow AAHI to provide even more capacity building to CBOs and FBOs around behavioral health programming and to oversee more complex community projects that advocate mental health.

### **CONCLUSION**

The AAHI SC is grateful to the County Council for their support of AAHI and urge you to approve the County Executive's recommended increase of \$775,000 to AAHI's budget. We are hopeful that the County Council will continue to recognize the needs of the AAPI communities and will support the growth of our community organizations.





**Request for Continued and Enhanced Funding of the AAHP**



# Black population as of July 1, 2021 (Census)

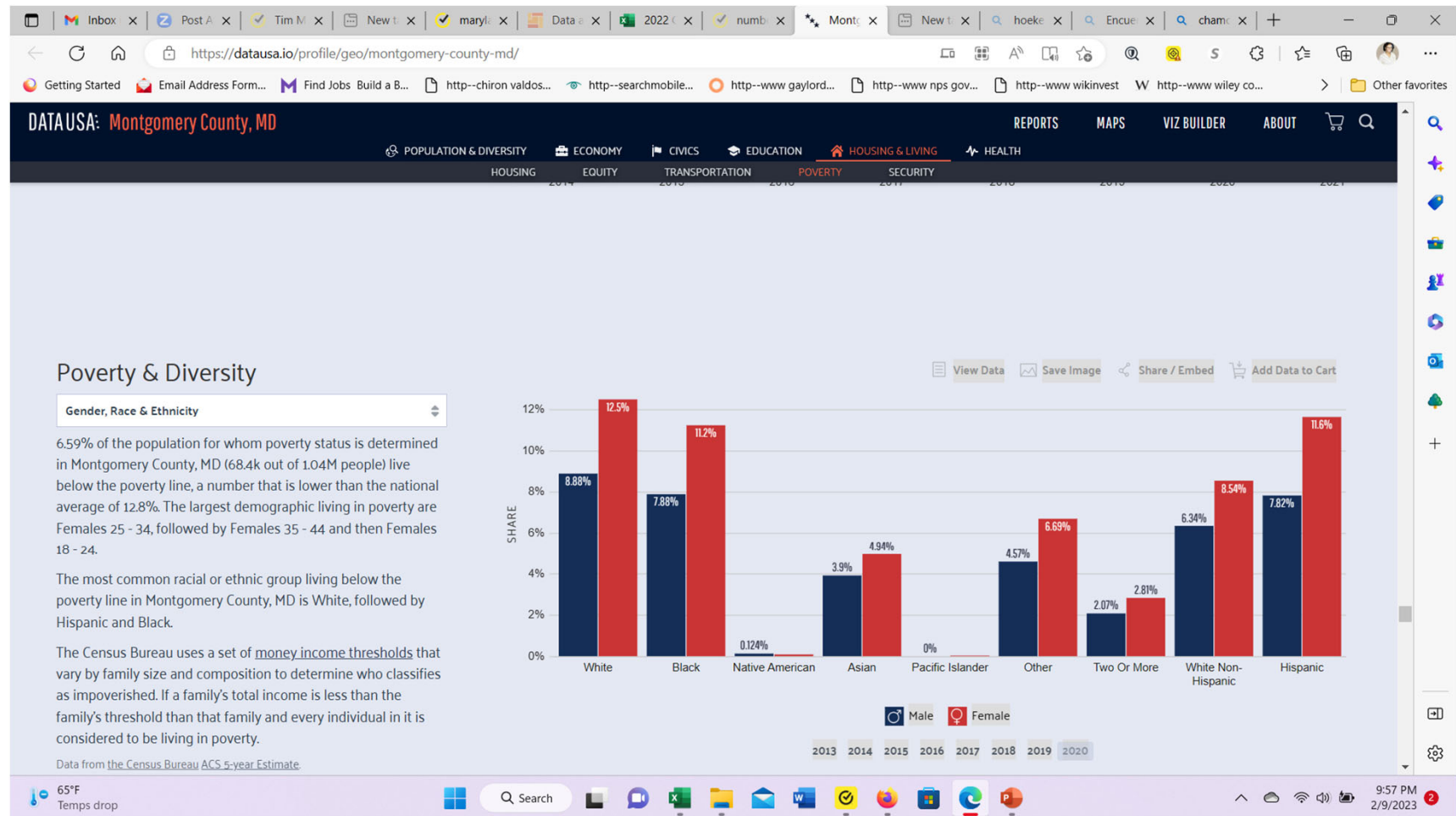
The screenshot shows the U.S. Census Bureau QuickFacts page for Montgomery County, Maryland. The page displays various demographic and economic indicators for the county as of July 1, 2021. The data is organized into sections: Population Estimates, Age and Sex, Race and Hispanic Origin, Population Characteristics, and Housing. The Black or African American population is highlighted as 20.4% of the total population.

Topic	Value
<b>Population Estimates, July 1 2022, (V2022)</b>	NA
<b>Population Estimates, July 1 2021, (V2021)</b>	1,054,827
Population, Census, April 1, 2010	971,777
<b>Age and Sex</b>	
Persons under 5 years, percent	5.8%
Persons under 18 years, percent	22.9%
Persons 65 years and over, percent	16.6%
Female persons, percent	51.3%
<b>Race and Hispanic Origin</b>	
White alone, percent	59.1%
Black or African American alone, percent (a)	20.4%
American Indian and Alaska Native alone, percent (a)	0.8%
Asian alone, percent (a)	16.0%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.1%
Two or More Races, percent	3.6%
Hispanic or Latino, percent (b)	20.1%
White alone, not Hispanic or Latino, percent	42.2%
<b>Population Characteristics</b>	
Veterans, 2017-2021	37,372
Foreign born persons, percent, 2017-2021	32.2%
<b>Housing</b>	
Housing units, July 1, 2021, (V2021)	405,744
Owner-occupied housing unit rate, 2017-2021	65.4%
Median value of owner-occupied housing units, 2017-2021	\$508,600
Median selected monthly owner costs -with a mortgage, 2017-2021	\$2,679
Median selected monthly owner costs -without a mortgage, 2017-2021	\$860

Census Quick Facts, Montgomery County, 2021)



# Black men and Black women– Top poorest populations in County



Black men and Black women are amongst the poorest population in Montgomery County (DATAUSA, 2020)



## FY24 AAHP Strategy

- We feel emphasis should be continued on **racial equity** and **health equity**. We encourage the County to keep acknowledging that “**racism is a public health emergency**”.
- For FY24, we’ve included continued focus on access to care, culturally competent health care, efforts to reduce stigma and discrimination, racial and health equity, health disparities, and wellness and prevention. All of these efforts will tie back to AAHP service offerings.
- For FY24, we’d like to focus on ensuring that our Black residents learn **coping and resilience skills** to deal with isolation, and life’s stressors. We see this with increased drug usage, especially amongst our youth.



## **Health Outreach and Prevention Programs**

### **Real Conversation Series**

The purpose is to continue the momentum of the Real Conversation Series, with its relaxed atmosphere, inspires conversations around tough health topics affecting the Black community. Following the real conversations, participants are encouraged to connect to the various award winning and certified AAHP programs that address prevention (screening and testing), heart disease and stroke, nutrition, complementary and alternative health, exercise, yoga, mindfulness, mental health assessments, cancer, HIV/AIDS/STIs, oral health, diabetes education, youth, men's and women's health, infant and maternal health, control your health series including sickle cell anemia, lupus, acupuncture; and issues across the life span.

### **Song for Charlie Program or similar Fentanyl/Opioid Awareness Program**

The Song for Charlie program helps youth make better health choices around drug use, particularly fentanyl use. The Song for Charlie Program will increase collaboration on health issues with parents, youth, Black community organizations, non-profits, faith-based organizations, businesses, schools, and venues to understand the harmful effect of fentanyl, awareness of fentanyl, detecting fentanyl, the use of Narcan, and living a healthier lifestyle free of drug, opioid and fentanyl use. For serious drug addiction and mental health issues, clients will be referred to appropriate addiction and mental health agencies.

An evaluation including baseline and outcome metrics will be completed at regular intervals throughout the projects. The programs will be evaluated on the basis of measurable outcomes.



## **Health Outreach and Prevention Programs (cont'd)**

### **Future Health Care Professionals project**

The purpose of the Future Health Care Professionals project is to increase the representation of college and high school students in the health field. The program introduces young people to health careers. This program will serve Black students who are residents of Montgomery County. The program exposes youth to career opportunities that they might not otherwise envision, for themselves in the health field. This is a continuation of workforce development already underway under the auspices of AAHP. Students are paired with mentors who encourage them to consider educational choices that will foster an ongoing interest in the health fields. Demonstrations, practicums, mentors, internships and research are a part of the program. The project will include stipends for fellowships and internships to increase the number of students in the program year-round.

### **Call to Duty – Strengthening our Black Men and Women**

Black men and Black women in Montgomery County rank amongst the poorest groups in the County, which is the most diverse in the nation. U.S. Census figures show that 8.2 % of Black women and 7.88% of Black men live below the poverty line. Black men are the 2<sup>nd</sup> highest . Of women in poverty, Black women trail slightly below our Hispanic neighbors. We'd like to incorporate navigation programs to help Black men and Black women be more aware of the County and State's safety net programs, help them apply, and provide follow-up support.



## **Health Outreach and Prevention Programs (cont'd)**

### **Aging needs**

Both an aging summit and in-home based services are proposed. This will involve bone health education, and in-home health inspection (falls, rugs, railing, food insecurity, mobility challenges and more). This includes support in establishing an ambassador position to link elderly to services, which allows them to remain safely in the home longer, to avoid long-term housing placements.

### **S.M.I.L.E Needs and other Program Needs**

- Additional breast pumps
- Additional cribs and car seats
- Program materials for clients and outreach
- Additional equipment and supplies



## **FY24 BUDGET REQUEST**

- |   |           |
|---|-----------|
| • Health Outreach and Prevention Programs | \$600,000 |
| • Aging                                   | \$150,000 |
| • S.M.I.L.E and other Program Needs       | \$ 50,000 |

**TOTAL FY24 Budget Request: \$800K**





December 26, 2022

The Honorable Gabe Albornoz  
Montgomery County Council  
100 Maryland Avenue, 6<sup>th</sup> Floor  
Rockville, MD 20850

RE: Proposals for Enhancing Equitable Access in FY24 and Support for Ongoing Efforts

Dear Council Member Albornoz:

On behalf of the Latino Health Steering Committee of Montgomery County (LHSC) we congratulate you and the rest of the members of the 20<sup>th</sup> Montgomery County Council for being part of the largest and most diverse County Council to date. We thank you for your commitment to addressing the urgent needs of our County's Latino population, many of whom represent the most under-reached and at-risk communities among us. Your support of the Latino Health Initiative (LHI) and their community partners since the pandemic began has enabled us as a County to effectively respond to the challenging and changing service needs of County residents.

**Proposal for Enhancing Equitable Access in FY24**

As an independent group of volunteer professionals and community leaders who advocate for policies and services that promote and enhance the well-being of Montgomery County Latinos, the LHSC commends the County Executive's FY23 budget and the priorities it reflects. As we look forward to FY24, we see ongoing community challenges in mental health and continued support for community engagement activities that can be met with cost-effective strategies that build upon current program capacity. We urge your thoughtful consideration of three strategies for enhancing equitable access to services for county residents:

**1. Expanding Mental Health Funding**

The mental health crisis facing young people and their families, and the lack of appropriate and accessible services are well-documented. In response to this crisis, we have worked to support Identity and their *Encuentros* groups which were designed with and for the Latino community and are facilitated by trained and trusted Latino Community Mental Health Workers with oversight from Identity staff.

For most participants, *Encuentros* non-clinical emotional support groups are highly effective in helping them to develop strategies to manage high levels of emotional distress. Participants with more complex needs are referred to licensed clinicians. However, the demand for Identity's *Encuentros* groups remains very high and significantly outstrips current capacity.

Latino Health Steering Committee of Montgomery County

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To help expand the capacity to meet this demand, in FY24, we propose to increase the number of *Encuentros* groups from 64 to 100 and increase the number of trained Community Mental Health Workers from 40 to 50. This would allow for the *Encuentro* groups to increase the number of sessions provided from a current 384 to 600 sessions and increase the number of residents served from 768 to 1,200, based on an estimated 12 participants per group.

The expansion to 600 sessions would cost \$832,545, based on a per-session cost of \$1,387.58 x 6 sessions/group x 100 groups. This cost includes a 5% inflationary adjustment as the FY23 session cost of \$1,321.50 only reflects a 3% adjustment over FY22 as compared to other DHHS contracts which received an 8% increase from FY22 to FY23. This total does not include the cost of the coaching sessions.

## **2. Expanding Health Promoters Outreach Funding**

LHI's current Health Promoters community outreach program has been highly successful in increasing the Latino community's access to health care and social services by delivering direct-to-resident outreach, information and education as well as navigation services in Spanish. The LHI will further refine and expand its community outreach program by leveraging the community-based partnerships and relationships while incorporating approaches that have proven very effective during the pandemic: extensive community engagement in places like churches, laundromats, and ethnic grocery stores; and employing digital and virtual outreach strategies by using smart phones and social media apps like Facebook and WhatsApp to reach and maintain engagement relationships.

LHI recently received State of Maryland accreditation as a certified Community Health Worker training site. This accreditation will allow LHI to scale up the implementation of its expanded Health Promoters program and become a 'School for Health Promoters' where cohorts of Health Promoters can receive training and build skills to effectively reach residents and increase health outcomes for the entire community.

In the past, LHI has recruited and trained 20 Spanish-speaking Health Promoters who have reached approximately 6,000 County residents per year. The LHI's expanded Health Promoters program will broaden and intensify its outreach and navigation by recruiting and training an additional 20 Health Promoters. A group of 5 Health Promoters will be assigned 4 days per week to conduct scaled-up information/education and navigation activities across the County. This expansion would cost \$120,000, reflecting an additional 1,040 outreach activities over 12-months reaching an estimated 15,000 additional community members in FY24.

## **3. Converting LHI Contract Positions to County Merit Positions**

Over the past few years, LHI has been called upon to play an increasingly critical role in addressing some of the County's most complex and pressing issues. The resounding success of the *Por Nuestra Salud y Bienestar* Initiative demonstrates the organizing power and capacity of the LHI and of the relationships they've developed and facilitated over the years with the LHSC, its member agencies, and a myriad of community partners.

Expanding LHI's capacity to effectively respond to complex community needs, by converting two current contract positions to County merit positions, will ensure LHI's ability to continue to respond to the needs of County residents. We are proud of LHI's work, and your commitment and support are vital. There are numerous benefits of conversion to merit positions:



- County leadership is committed to fair and equitable treatment of all staff, and a diverse workforce. Conversion of the positions advances these goals.
- Merit employment will allow the assignment of staff to priority areas (within the scope of job descriptions) as needed without delay, which improves workflow and coordination.
- Merit employment increases employee loyalty and, as such, can reduce turnover. High staff turnover prevents LHI from being able to achieve its highest efficiency. It also costs time and money to train new staff.
- Contract employees are prevented from conducting certain duties that only County merit staff can conduct (e.g., respond to emergencies; use County systems such as Oracle; remain in county facilities after 6 pm without supervision by county staff).

### **Support for Ongoing Efforts**

In addition to the above-mentioned operational enhancements, the LHSC also expresses its unwavering support for the expansion of current efforts within the County to address the evolving issues related to County newcomers, bullying, and health care for all.

#### **1. County Newcomers**

We recognize and appreciate the efforts to provide resources and services to County newcomers through the Bienvenidos Network, and we urge continued support of this work with greater coordination so that these efforts can reach the most vulnerable among us. For Montgomery County to uphold our community values and fulfill our promise as a welcoming community we must ensure the safety, stability, and well-being of all our residents, regardless of how long they have called Montgomery County home.

#### **2. Bullying**

We are alarmed by the growing scourge of bullying that is impacting the health and well-being of many Latino youth. This is a physical and mental health crisis in the making for our community's children and families. Young people are not just getting bullied by other youth, but also in some cases by adults, making it all but impossible for victims to feel safe in their schools and neighborhoods. Montgomery County's Board of Education anti-bullying policies and procedures are clearly not sufficient. Prevention and intervention trainings for students, staff, and families must be robust, and reporting forms must be accessible and practical. We support broad coalition work with MCPS, the Board of Education, and other community partners to confront and stop bullying, harassment, and intimidation in any form.

#### **3. Health Care for All**

Far too many people continue to lack access to affordable health care with minority communities bearing a disproportionate brunt of this inequity. This is not just a health and equity issue, but also an economic one. When our residents have access to culturally appropriate health care services, they are healthier, they can go to work, and raise their families, all of which positively impact our entire County community. It is simply unacceptable that in a County as abundantly well-resourced as ours that our neighbors are forced to choose between their health care and paying for rent or food. It is time for Montgomery County to join the efforts of the Maryland Health Connection, the Maryland General Assembly, and other advocates such as the Healthcare for All Coalition, to ensure health care for all, regardless of employment status or immigration status. We have all endured a pandemic but not all have thrived – the pandemic has exacerbated long-standing social, economic, environmental health and wellness disparities. We urge the County to meet this moment with force, by taking the



necessary steps to undo historic inequities that were decades and centuries in the making and ensure healthcare for all.

As always, we are grateful for your leadership and support, and we look forward to continuing our partnership efforts to improve the quality of life of all County residents and to achieve equity and social justice for our most vulnerable communities.

Sincerely,



Olivia Carter-Pokras, PhD  
Co-Chair, LHSC  
Latino Health Steering Committee



Patricia Rios  
Co-Chair, LHSC  
Latino Health Steering Committee

cc: Latino Health Steering Committee Members  
Montgomery County Council Members  
Rich Madaleno, Chief Administrative Officer, Montgomery County  
Dr. Raymond Crowel, Director, Montgomery County DHHS  
Mariana Serrani, Senior Manager, Latino Health Initiative Montgomery County DHHS

Latino Health Steering Committee of Montgomery County

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**BLACK  
PHYSICIANS  
& HEALTHCARE  
NETWORK**




## *Advocacy for Additional FY24 Funding*



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## **Black Physicians & HealthCare Network (BPHN)**

### **Executive Summary**

In response to the disparate impact of COVID-19 on African American and Black residents of Montgomery County, the County Council of Montgomery County, MD approved a special appropriation to fund the African American Health Program (AAHP) Targeted COVID-19 Response Program. The AAHP-Executive Committee (EC) advocated for the creation of an emergency public health response which was approved by the Montgomery County Council on August 4, 2020. The contract was awarded to implement this program to recognize the underlying conditions that are driving the COVID-19 case and death rates and respond to the diversity within Montgomery County's African American and Black population. The National Center for Children and Families (NCCF) was identified as the Fiscal Sponsor. On February 19, 2021, NCCF became responsible for the program in its entirety. This comprehensive plan included targeted COVID-19 testing, vaccination clinics, resource navigation, community education and outreach, targeted food assistance, mental health supports and services, and establishing a network of Black health professionals.



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## Black Physicians & HealthCare Network (BPHN)

### Executive Summary

In January 2022, official name of the program was changed to the Black Physicians and Healthcare Network (BPHN) and the program formally established a current network of 51 culturally specific Black health care professionals who are committed to providing culturally tailored, quality care to the Black residents of this County.

This model program seeks to minimize health disparities and reduce barriers to health and mental health care by providing a unique opportunity for Black residents across the diaspora to: (1) connect with culturally specific medical, dental and mental health providers and specialists within their own communities, (2) receive one-on-one support to navigate systemic barriers, acquire essential community resources, and health insurance, and (3) minimize the financial barrier of payment of co-pay and fee for services by providing reimbursement to providers for services as needed.



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## Black Physicians & HealthCare Network (BPHN)

### Program Performance: August 2020 – December 2022

COVID-19 Testing	32,220
COVID-19 Vaccinations	1,545
Testing and Vaccination Events	627
# COVID Kits Distributed on Site	21,402
# Backpacks Distributed on Site	15,296
# Food Bags Distributed at Testing Sites	18,406
# Households received 2-week Food Supply for Positive Test	449 households / 1,432 people
# Community Resources Referrals	9,347



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## Black Physicians & HealthCare Network (BPHN)

### Program Performance: January 2022 – February 2023

From January 1, 2022 – February 28, 2023, the BPHN has served 10,681 County residents. A total of 1,644 residents have received medical, dental, and mental health services and information. A total of 1,039 completed health appointments.

Health Service Received	# of People Completed Appointments	# of Appointments Completed
Medical Services	240	502
Dental Services	161	415
Mental Health Services	638	6,449
Totals	1,039	7,366



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## Black Physicians & HealthCare Network (BPHN)

### Contract Awards FY22 and FY23

Date	Amount Awarded
FY22: July 2021 – June 2022	\$ 6,578,906.59
FY23: July 2022 – June 2023	\$ 2,500,000.00



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## Black Physicians & HealthCare Network (BPHN) Statement of Need

Health care requires access and affordability. Black residents generally have health insurance, but they do not have access to health care providers they trust. The cost of co-pays, high deductibles and health care debt interfere with residents scheduling and maintaining appointments. The health outcomes for Black residents in the County will suffer and result in continued disparities if both issues are not addressed. This innovative program addresses these aspects and can become a National model.



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## Black Physicians & HealthCare Network (BPHN) FY24 Budget

On March 15, 2023, the Montgomery County Executive released the proposed FY24 Operational Budget, allocating a flat budget allotment of \$2.5M for the BPHN to address health inequities and systemic racial discrimination by providing: (1) culturally specific health referrals to an expanding network of Black professionals, (2) navigation of community resources and services, (3) outreach and education, (4) coalition building, and (5) support in acquiring insurance.

The County's FY24 budget **disallows continuance of any health care subsidies**, despite the program's effectiveness, citing (1) the need for the consolidation of all health care delivery in the County, (2) a plan to eliminate parallel health care systems, and (3) refusal to provide reimbursements to health professionals for costs associated with care for individuals who have health insurance, regardless of individual circumstances.



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## Black Physicians & HealthCare Network (BPHN) FY24 Budget Request

- We request that the Montgomery County Council amends the County Executive's Operational Budget for BPHN by awarding an additional \$1M, increasing this budget line to \$3.5M.
- The BPHN requests this funding to support the provision of health care subsidies for:
  - (1) health and dental visits for uninsured Black residents who are pending health insurance coverage,
  - (2) emergency funds for Black insured residents who request support with a co-pay and/or high-cost deductible due to financial hardship and
  - (3) emergency and tailored mental health appointments for Black residents who receive services from a Black mental health professional.



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## Black Physicians & HealthCare Network (BPHN) FY24 Budget Request

- With the health care subsidies, a projected 2,000 Black residents will receive *emergency* support to manage their health and well-being, completing approximately 6,000 medical, dental, and mental health appointments, at an average cost of \$171 per appointment.
- Inability to pay co-pays or deductibles will likely result in emergency room visits which cost on average \$2200 each.
- Without the health care subsidies, the BPHN will no longer be able to assist Black residents with copays, fill gaps while individuals are waiting for insurance coverage, or provide payments for mental health services, of which many providers nationwide do not accept health insurance.



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## Black Physicians & HealthCare Network (BPHN) FY24 Budget Dilemma

- In FY22, the BPHN received and expended \$6.5M to deliver culturally specific health and wellness services to Black residents in the County.
- In FY23, DHHS reduced the BPHN budget to \$2.5M. NCCF informed DHHS that the program would run out of funding, as evidenced by FY22 expenses, widespread marketing and the full implementation of referrals to our expanding network of medical, dental, and mental health services. NCCF was instructed by DHHS to request supplemental funding as funds ran low.
  - ❑ In November 2022, NCCF sent request to DHHS for \$549K supplemental funding.
  - ❑ In December 2022, DHHS notified NCCF that \$549K request could not be honored, however suggested NCCF request \$250K.
  - ❑ In January 2023, NCCF received \$125K from DHHS (23% of the request needed to sustain program services); Meetings between NCCF, the County Executive and Councilmembers Sayles, Alborno, and Jawando did not result in additional funds for FY23. Attempts by NCCF to decrease service delivery based on funding created a major uproar from the community.



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## Black Physicians & HealthCare Network (BPHN) FY24 Budget Dilemma

- The County's refusal to adequately fund the BPHN in FY23, resulted in NCCF taking a financial hit of \$424K in order to maintain a trusted healthcare delivery model for Black residents that did not exist prior.
- Receiving a FY24 flat budget of \$2.5M, which was not enough in FY23, will result in the program starting at a disadvantage.
- The BPHN's provision of provider reimbursements does not create a parallel health system. It creates a health system based on equity that, until this model, has not existed. Racial equity is achieved when individuals of all races are provided with the infrastructure they need to thrive. Although health systems for the Latino and Asian community have been in existence for 18 years, the BPHN is the only existing health care system for Black residents and has been in full operation for less than 2 years.



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## Black Physicians & HealthCare Network (BPHN) FY24 Budget Dilemma

- Montgomery CARES clinics are not relevant for the majority of the BPHN clients, as County residents must not qualify for insurance to be served. FY23 data reflects 65% of referrals as insured upon intake. BPHN staff successfully assisted nearly 40% with obtaining insurance coverage.
- A core element to the BPHN is to provide access to culturally tailored health professionals and address equity. The provision of reimbursements to health professionals minimizes the financial barrier to receiving health, dental or mental health care. In FY23, only 26% of referrals had a primary care doctor. The cost of co-pays, high deductibles, and cost of insurance for economically challenged Black individuals are major barriers that the BPHN is able to address by providing assistance with co-pays and out of pocket costs.
- During FY23, BPHN, in partnership with MCDHHS, served 10,361. A total of 1,644 Black residents received support with costs for medical, dental, and mental health services, ultimately establishing a medical home. The abrupt removal of provider reimbursements will disrupt these trusted health provider-patient relationships for residents unable to pay for services, reverting backwards to residents not receiving health care.



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## Black Physicians & HealthCare Network (BPHN) Existing Disparities

- According to the 2019 Federal Reserve data, the median Black household has a net worth of only \$24,100, a fraction of the \$188,200 in net worth the median white household has.
- Average family in the United States spends 11% of their household income on health care premiums and out of pocket costs, for Black households, the rate is nearly 20% of their income.
- Black adults are paid less than White adults for the same jobs.
- Black families are more likely to have gaps in insurance coverage and high out of pocket costs due to lower wage jobs.



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## Black Physicians & HealthCare Network (BPHN) Existing Disparities

- At least six in ten Black adults (60%) report difficulty affording health care costs compared to about four in ten White adults (39%). (Source: KFF Health Care Debt Survey: Feb.-Mar. 2022).
- Net Worth:  
In Montgomery County, 18.2% of households are without sufficient net worth to subsist at the poverty level for three months in the absence of income, however for **Black households** the rate is **33.4%**.
- Liquid Asset Poverty:  
In Montgomery County, 24.1% of households are without sufficient liquid assets to subsist at the poverty level for three months in the absence of income, however, for **Black households** the rate is **41.8%**



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## Black Physicians & HealthCare Network (BPHN) Existing Disparities

- Black women are three times more likely to die of pregnancy-related causes than white women.
- The Black infant mortality rate is twice the rate for white infants.
- Blacks are more likely to die from cancer and heart disease than whites, and have higher rates of diabetes, hypertension, and heart disease than other groups.
- Black children have a 500% higher death rate from asthma compared with white children
- The Black experience in America continues to be characterized by trauma and violence and impacts emotional and mental health. Individual trauma compounded by social traumas (COVID-19, uncertainty, isolation, grief from financial or human losses) adds layers of complexity.
- Black adults are more likely to have feelings of sadness, hopelessness, and worthlessness than White adults



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## Black Physicians & HealthCare Network (BPHN) Existing Disparities in the County

- The rate of **Late or No Prenatal Care** among Black County Residents is **2.8 times** the rate of late or no prenatal care among Non-Hispanic White County Residents (10.8 vs. 3.8 respectively).
- The rate of **Infant Mortality** among Black County Residents is **2.4 times** the infant mortality rate among Non-Hispanic White county residents (8.3 vs. 3.4 respectively).
- The rate of **Mental Health** related emergency room (ER) visits among Black County Residents is **38%** higher than the rate among Non-Hispanic White County Residents (1807.05 vs. 1137 respectively).
- The rate of **Tuberculosis** among Black County Residents is **23.6 times** the rate among Non-Hispanic White County Residents (11.8 vs. 0.5 respectively).
- The rate of **HIV** among Black County Residents is **13.9 times** the rate among Non-Hispanic White County Residents (41.9 vs. 3 respectively).



(Source: Healthy Montgomery Core Measures Data Summary, 2020)

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## Black Physicians & HealthCare Network (BPHN) Existing Disparities in the County

- The rate of **Substance Abuse** related emergency rooms visits among Black County Residents is **2.4 times** than the rate for Non-Hispanic White County Residents (896.1 vs. 371.3 respectively).
- The residents most frequently treated in emergency medical settings for **Substance Abuse-related complications** were **Black males under age 35 years**.
- The rate of emergency room (ER) visits for **Diabetes** among Black County Residents is **3.77 times** the rate for Non-Hispanic White residents.
- Black residents die from **Diabetes** at a rate **2.23 higher** than Non-Hispanic White residents.
- Black County residents had the highest death rate due to **Heart Disease** at **150 deaths per 100,000** compared to Non-Hispanic White residents (150 deaths vs 140.5 deaths per 100,000 residents respectively).
- Black County Residents die from **Strokes** at over **110%** the rate of Non-Hispanic White County Residents.
- Black County Residents die from **Breast Cancer** at **133%** of rate of Breast Cancer Deaths among Caucasian residents.



(Source: The Montgomery County 2019-2022 Community Needs Assessment)

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## Black Physicians & HealthCare Network (BPHN) Historical/Social Context

- Blacks have a long history of mistreatment and exploitation by the medical system which has led to mistrust.
- Although decades have passed since these experiments, the Black community has not yet healed the wounds produced by the medical systems.
- Although only 5% of physicians in the United States are Black, research tells us that Black patients treated by Black health and mental health providers do better and experience higher patient satisfaction.
- The Black Physicians and Healthcare Network (BPHN) creates a unique opportunity to repair what has been damaged through systems of domination and to begin healing across the larger Black community



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## Black Physicians & HealthCare Network (BPHN) Implications

Cutting BPHN back services due to funding will destroy the trust of the Black community and disrupt the health and mental health services that have begun to bring healing to Black residents.

Many mental health professionals nationwide do not accept health insurance and a growing number of medical specialists do not accepting insurance is not a viable strategy. Lack of financial assistance will result in Black residents being responsible for payment of the average rate of \$150 per mental health session and much more for specialty care.

This program was built during the COVID-19 crisis as a response to address disparities and create a health system specifically to meet the culturally specific needs of Black residents. The program that has birthed into infancy, will die without funding needed to fully address the racial health inequities.



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## Black Physicians & HealthCare Network (BPHN) Implications

- Expecting Black health care professionals to accept lower rates for their services is not an option and an unacceptable request.
- "The results showed that 95.5 percent of all Black medical residents had some type of debt. Black medical residents were more likely to have debt than those from any other racial or ethnic group. Nearly 90 percent of all Black medical residents had accumulated debt from their medical training. A majority of Black residents (59.9 percent) had debt from premedical education loans. More than half of all Black medical residents also had accumulated consumer debt. For Black medical residents with undergraduate debt, the median amount owed was \$25,000. For those with debt from their medical training, the median amount of debt was \$180,000."



<https://www.jbhe.com/2023/01/new-study-documents-the-racial-gap-in-student-loan-debt-of-medical-residents/#:~:text=Black%20medical%20residents%20were%20more,debt%20from%20premedical%20education%20loans>

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## Black Physicians & HealthCare Network (BPHN) Implications

Failure to award an additional \$1M to support Provider Reimbursements will result in:

- Continued racial health inequities in Montgomery County
- Continued poor health outcomes for Black residents
- Black residents retreating from the use of preventative health and mental health services
- Disruption of medical, dental, and mental health treatment that has begun but will not be completed by June 30, 2023
- Increased utilization of emergency room for medical and mental health crisis
- Unnecessary engagement of Black residents with police as result of unresolved mental health crisis



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